

N. 4498.

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**Worcestershire**

**THE HEALTH**

**OF THE**

**COMMUNITY**

**1971**







Worcestershire County Council

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ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER

OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

1971

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## WORCESTERSHIRE COUNTY COUNCIL

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*To the Chairman, Aldermen and Members of Worcestershire County Council*

Mr. Chairman, Ladies and Gentlemen,

As required by statute I am pleased to present my third annual report. It will be seen that all the local health authority services are dealt with in the body of the report and I do not in general terms wish to comment further.

The County plan for health centre provision is now well under way and 1972 will see a number of large centres being brought into operational use. I would again extend my most grateful thanks to all who are concerned with the health centre programme.

All functions appertaining to the Nurseries and Child Minders Regulation Act were transferred to the Social Services Department during the year. Whilst the volume of this work had often been considerable, I was sorry to lose the good relationship that we had established over the years with many play groups and child minders and also our close liaison with the Pre-School Play-group Association.

I would wish to pay tribute to the excellent work which until 1971 was undertaken by the Worcestershire Diocesan Association for Family and Social Service as agents of the Worcestershire County. The work relating to unmarried mother and her child has now been transferred under new legislation to the Social Services Department.

The Family Planning Association have been most helpful and as a result of joint liaison, it has been possible to provide a good service throughout the County. The spirit and enthusiasm shown in making this achievement possible is much appreciated.

It was possible to introduce a computerised system during the year in respect of the vaccination and immunisation service for those children born on and after the 1st January, 1971. A large number of the general practitioners throughout the County are taking part in the scheme which, after minor teething troubles, is now gaining in momentum.

With the help of the Management Services Unit the re-organisation of the administrative structure of the Department came into operational use during the year and the staff in general are to be congratulated on their devotion to duty during some difficult transitional periods.

The Director of Nursing Services makes mention in her report of the implementation of the nurse management structure as recommended in the Mayston Report. This smooth transfer of functions was only possible through the unselfish co-operation of all members of the nursing staff reflected by their dedication to the nursing profession.

In Worcestershire we have been most fortunate in having such an excellent working arrangement with the hospital and general practitioner services. This situation has always been of the greatest help where problems calling for co-operation and co-ordination between all concerned have arisen. Conditions such as this are to be commended and certainly, if it is an indication, speak well for the future. More information on attachment schemes appears under the report of the Director of Nursing Services.

I have been asked by the Department of Health and Social Security to comment upon the problem of contact tracing in the control of venereal disease. Whilst it is appreciated that the prevalence of venereal disease is on the increase there does not appear, at least in this area, to be a current problem in the tracing of contacts and in fact during the year only one case was referred to the Authority for investigation. To cover the district there are three hospital based special clinics to whom cases of venereal disease are usually referred. A full-time contact tracer is based at one of these special clinics and this results in a most efficient service. If the number

of cases continues to rise I am quite certain that serious consideration will be given to the appointment of additional full or part-time contact tracers should this prove necessary. In the body of my report further reference is made to action being taken in the field of prevention against venereal disease through the medium of health education.

The efforts that are being made in the County against smoking are dealt with in greater detail under the Health Education Officer's report.

In the report, mention is made and also additional information provided on the County Service concerning congenital defects apparent at birth. I cannot over emphasize the valuable work there is being done by the medical nursing and health visiting staff of the Department not only in this aspect of their duties but also concerning the action taken regarding all types of defects that are found amongst children. There is no doubt that the developmental paediatric clinics which have been established are a large success.

At the time of writing I was sorry to learn of the untimely death of Dr. J. J. Graham who retired from his official position as Director of the Child Guidance Service on the 31st March, 1969.

At the end of the year Dr. C. H. Phillips retired from his official position as Medical Officer of Health to the Bromsgrove Urban and Rural Councils and also Medical Officer in Department and School Medical Officer with the Worcestershire County Council. Unfortunately of late Dr. Phillips had not enjoyed good health but we do wish him a happy retirement in his native Ireland.

Early in the year I was very pleased to welcome Dr. Alun Lloyd-James as my new deputy and I do hope that his stay in Worcestershire will be a happy and memorable experience.

I would like to pay tribute to the staff in general who throughout the year and particularly during the Post Office strike carried out their duties in a most exemplary manner. The co-operation and ingenuity which transpired during the period was very much appreciated.

I am again most grateful to the Chairman and members of the Health Committee and to the Chairman and members of the Child Care Sub-Committee of the Education Committee for all the help and advice they have given me during 1971.

JOHN D. WILLINS

County Medical Officer of Health and  
Principal School Medical Officer.

## PART I

# VITAL AND GENERAL STATISTICS



Vital Statistics

Area of the Administrative County	.....	.....	.....	434,791 Acres
Population 1971 mid-year estimate	.....	.....	.....	459,520
Estimated rateable value 1971/72	.....	.....	.....	£19,125,950
Estimated product of one new penny rate 1971/72	.....	.....	.....	£187,770

	Worcestershire				England and Wales
	Male	Female	Total		
Live Births:					
Legitimate ... ..	3,789	3,450	7,239		
Illegitimate ... ..	199	193	392		
Live births rate per 1,000 population ... ..				16·4	16·0
Illegitimate live births per cent of total live births ... ..				5·0	8·0
Stillbirths:					
Legitimate ... ..	47	42	89		
Illegitimate ... ..	—	2	2		
Stillbirth rate per 1,000 total live and stillbirths ... ..				12·0	12·0
Total live and stillbirths ...	4,035	3,687	140		
Infant deaths (deaths under one year) ... ..	82	58	7,722		

Infant Mortality rates:

Total infant deaths per 1,000 total live births	.....	.....	.....	18.0	18.0
Legitimate infant deaths per 1,000 legitimate live births	.....	.....	.....	18.0	17.0
Illegitimate infant deaths per 1,000 illegitimate live births	.....	.....	.....	31.0	24.0
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	.....	.....	.....	12.0	12.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	.....	.....	.....	10.0	10.0
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	.....	.....	.....	21.0	22.0

Maternal mortality (including abortion)

Number of deaths	.....	.....	.....	.....	.....	0
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Population of Administrative County

							Mid Year 1968	Mid Year 1969	Mid Year 1970	Mid Year 1971
Urban areas										
Bewdley M.B.	.....	.....	.....	.....	.....	.....	6350	6400	6410	7340
Bromsgrove	.....	.....	.....	.....	.....	.....	39000	39440	39870	40730
Droitwich M.B.	.....	.....	.....	.....	.....	.....	9670	10350	11650	12680
Evesham M.B.	.....	.....	.....	.....	.....	.....	13150	13170	13190	13910
Halesowen M.B.	.....	.....	.....	.....	.....	.....	51180	51930	52320	53990
Kidderminster M.B.	.....	.....	.....	.....	.....	.....	46180	46740	47000	47640
Malvern	.....	.....	.....	.....	.....	.....	29530	29810	29950	30380
Redditch	.....	.....	.....	.....	.....	.....	37080	37910	40010	41160
Stourbridge M.B.	.....	.....	.....	.....	.....	.....	51970	52290	52210	54700
Stourport-on-Severn	.....	.....	.....	.....	.....	.....	15260	16090	16410	18140
Total							299370	303140	309020	320670
Rural areas										
Bromsgrove	.....	.....	.....	.....	.....	.....	37220	37310	37450	36200
Droitwich	.....	.....	.....	.....	.....	.....	15680	15870	15960	15010
Evesham	.....	.....	.....	.....	.....	.....	18890	19070	19050	20100
Kidderminster	.....	.....	.....	.....	.....	.....	12640	12660	12550	12980
Martley	.....	.....	.....	.....	.....	.....	13330	13570	13630	13100
Pershore	.....	.....	.....	.....	.....	.....	21200	21110	21310	20560
Tenbury	.....	.....	.....	.....	.....	.....	5380	5440	5450	5410
Upton-upon-Severn	.....	.....	.....	.....	.....	.....	15130	15310	15240	15490
Total							139470	140340	140640	138850
Total Administrative County							438840	444470	449660	459520

Vital Statistics by District

District	Estimated population middle of 1971	No. of births	Birth Rates		No. of illegitimate births	No. of deaths	Death Rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
<i>Urban Districts</i>													
Bewdley (M.B.) ..	7340	161	21.9	19.3	5	74	10.1	11.5	4	25	—	—	1.4
Bromsgrove ..	40730	653	16.0	14.4	17	413	10.1	10.3	11	17	—	—	2.0
Droitwich (M.B.) ..	12680	239	18.8	18.8	14	127	10.0	7.6	2	8	—	—	1.6
Evesham (M.B.) ..	13910	213	15.3	15.5	10	200	14.4	9.9	5	23	—	—	2.4
Halesowen (M.B.) ..	53990	861	15.9	15.3	31	623	11.5	12.7	21	24	1	.02	2.3
Kidderminster (M.B.) ..	47640	918	19.3	19.3	68	508	10.7	10.2	14	15	—	—	2.5
Malvern ..	30380	434	14.3	16.9	32	323	10.6	9.3	7	16	—	—	1.8
Redditch ..	41160	848	20.6	20.0	52	343	8.3	9.7	17	20	1	.02	1.8
Stourbridge (M.B.) ..	54700	962	17.6	16.7	52	587	10.7	11.4	9	9	1	.02	2.3
Stourport ..	18140	355	19.6	18.6	14	145	8.0	11.0	6	17	—	—	1.3
<i>All Urban Districts</i> ..	320670	5644	17.6	17.2	295	3343	10.4	10.5	96	17	3	.01	2.1
<i>Rural Districts</i>													
Bromsgrove ..	36200	525	14.5	13.5	28	321	8.9	10.0	14	27	—	—	1.9
Droitwich ..	15010	204	13.6	14.3	7	159	10.6	11.3	4	20	1	.07	2.3
Evesham ..	20100	309	15.4	17.4	17	224	11.1	10.8	10	32	—	—	2.5
Kidderminster ..	12980	153	11.8	10.9	8	139	10.7	10.9	4	26	—	—	2.2
Martley ..	13100	185	14.1	14.8	6	117	8.9	9.2	1	5	—	—	2.4
Pershore ..	20560	300	14.6	15.9	17	250	12.2	12.0	10	33	—	—	2.7
Tenbury ..	5410	76	14.0	16.0	4	52	9.6	9.2	—	—	—	—	1.5
Upton ..	15490	235	15.2	17.8	10	221	14.3	8.4	1	4	—	—	1.7
<i>All Rural Districts</i> ..	138850	1987	14.3	14.7	97	1483	10.7	10.3	44	22	1	.01	2.2
<i>Administrative County</i> ..	459520	7631	16.6	16.4	392	4826	10.5	10.4	140	18	4	.01	2.1



Causes of Death in Administrative Areas—Urban and Rural Districts

CAUSES OF DEATH	URBAN DISTRICTS										Total	RURAL DISTRICTS								Total	GRAND TOTAL FOR COUNTY	
	Bewdley B.	Bromsgrove	Droitwich B.	Evesham B.	Halesowen B.	Kidderminster B.	Malvern	Redditch	Stourbridge B.	Stourport-on-Severn		Bromsgrove	Droitwich	Evesham	Kidderminster	Martley	Pershore	Tenbury	Upton-on-Severn			
All Causes .. .. .	74	413	127	200	623	508	323	343	587	145	3343	321	159	224	139	117	250	52	221	1483	4826	
1 Enteritis and other Diarrhoeal Diseases .. .. .	—	—	—	—	1	1	1	1	2	—	6	—	—	—	—	—	—	—	—	—	6	1
2 Tuberculosis—Respiratory .. .. .	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	3	2
3 Late effects of Respiratory T.B. .. .. .	—	—	—	—	1	—	—	1	—	—	2	—	1	—	—	—	—	—	—	2	3	3
4 Tuberculosis—Other .. .. .	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	1	4
5 Whooping Cough .. .. .	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	5
6 Syphilis and its Sequelae .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	6
7 Other Infective and Parasitic Diseases .. .. .	—	—	—	1	1	—	—	—	—	2	4	—	1	—	—	—	—	—	—	1	5	7
8 Malignant Neoplasm—Buccal Cavity .. .. .	—	2	—	—	1	1	1	—	1	—	6	1	—	1	—	3	1	—	2	8	14	8
9 Malignant Neoplasm—Oesophagus .. .. .	1	—	1	—	2	3	—	—	2	—	9	2	—	—	—	2	2	1	2	9	18	9
10 Malignant Neoplasm—Stomach .. .. .	1	9	2	4	13	12	4	4	16	3	68	12	3	6	2	3	3	—	—	29	97	10
11 Malignant Neoplasm—Intestine .. .. .	1	10	1	6	18	18	9	10	20	4	97	7	10	8	6	2	8	—	5	46	143	11
12 Malignant Neoplasm—Larynx .. .. .	—	—	—	—	—	1	—	1	2	—	5	—	—	—	—	—	1	—	—	1	6	12
13 Malignant Neoplasm—Lung Bronchus .. .. .	2	18	9	3	37	31	10	18	26	4	158	16	9	11	6	9	13	2	5	71	229	13
14 Malignant Neoplasm—Breast .. .. .	2	6	—	6	8	14	5	8	11	4	64	5	1	8	4	4	6	2	3	33	97	14
15 Malignant Neoplasm—Uterus .. .. .	—	4	—	—	3	7	1	4	3	1	23	4	3	1	—	—	3	—	1	12	35	15
16 Malignant Neoplasm—Prostate .. .. .	1	3	2	1	2	4	1	4	4	2	24	1	1	2	3	—	9	1	—	17	41	16
17 Leukaemia .. .. .	—	4	—	—	2	3	1	3	2	—	15	4	—	1	2	2	2	—	1	12	27	17
18 Other Malignant Neoplasms .. .. .	1	24	5	12	36	24	22	20	39	6	189	17	7	12	5	7	7	2	7	64	253	18
19 Benign and Unspecified Neoplasms .. .. .	1	—	—	2	2	3	2	1	2	—	13	1	—	1	1	—	1	—	—	4	17	19
20 Diabetes Mellitus .. .. .	—	2	2	1	5	8	4	2	6	3	33	3	—	2	4	1	1	1	1	13	46	20
21 Avitaminoses .. .. .	—	1	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	2
22 Multiple Sclerosis .. .. .	—	—	—	—	1	2	—	—	1	—	4	1	—	1	—	—	—	—	—	2	6	22
23 Other Endocrine Diseases .. .. .	1	1	1	1	1	3	1	1	3	—	13	4	—	1	—	—	1	—	—	6	19	23
24 Anaemias .. .. .	—	—	—	—	1	1	1	1	1	1	6	1	—	—	—	—	—	—	1	2	8	24
25 Other diseases of Blood, etc. .. .. .	—	—	—	—	1	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	2	25
26 Mental disorders .. .. .	—	3	—	—	—	—	—	—	1	—	4	—	—	—	—	—	—	—	1	1	5	26
27 Meningitis .. .. .	—	2	—	—	2	—	—	1	1	—	6	1	—	—	—	1	—	—	—	2	8	27
28 Other diseases of Nervous system .. .. .	—	2	1	—	5	3	5	2	3	—	21	2	1	1	2	4	4	1	1	16	37	28
29 Chronic rheumatic heart disease .. .. .	—	7	1	2	7	4	3	7	8	1	40	7	2	2	2	1	5	—	1	20	60	29
30 Hypertensive disease .. .. .	1	2	2	4	5	12	10	4	10	3	53	7	3	7	1	7	9	2	9	45	98	30
31 Ischaemic heart disease .. .. .	14	126	30	36	152	123	70	89	141	38	819	82	38	58	34	19	40	9	56	336	1155	31
32 Other forms of heart disease .. .. .	8	19	6	26	26	35	27	16	42	12	217	19	7	13	7	3	15	3	13	80	297	32
33 Cerebrovascular disease .. .. .	16	54	17	42	86	75	46	52	93	22	503	40	30	37	18	11	44	5	36	221	724	33
34 Other diseases of circulatory system .. .. .	—	17	1	6	26	13	21	9	26	4	123	15	11	14	4	12	16	3	11	86	209	34
35 Influenza .. .. .	—	1	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	35
36 Pneumonia .. .. .	—	37	17	16	45	15	21	18	26	5	200	11	5	10	13	3	14	8	21	85	285	36
37 Bronchitis and emphysema .. .. .	5	21	8	5	46	28	11	18	33	8	183	12	7	2	8	5	9	2	8	53	236	37
38 Asthma .. .. .	—	—	—	1	1	1	—	—	2	—	5	2	—	—	—	—	1	—	—	3	8	38
39 Other diseases of respiratory system .. .. .	2	4	3	1	15	8	4	6	7	1	51	4	1	2	—	1	4	1	1	14	65	39
40 Peptic Ulcer .. .. .	1	1	1	1	6	6	—	3	1	1	21	5	—	—	4	—	6	2	4	21	42	40
41 Appendicitis .. .. .	—	—	—	—	1	1	—	—	1	—	3	—	—	1	—	—	—	—	—	1	4	41
42 Intestinal obstruction and hernia .. .. .	2	2	1	2	2	1	—	—	3	—	13	2	—	1	—	—	3	—	4	10	23	42
43 Cirrhosis of Liver .. .. .	—	—	1	3	1	1	3	—	1	—	10	—	—	—	—	1	1	—	2	4	14	43
44 Other diseases of digestive system .. .. .	2	5	1	4	7	5	7	2	3	2	38	2	2	2	1	4	1	1	—	13	51	44
45 Nephritis and Nephrosis .. .. .	—	2	—	2	1	1	—	—	—	—	6	2	—	—	—	—	—	—	—	2	8	45
46 Hyperplasia of prostate .. .. .	—	—	—	—	—	1	2	—	1	1	5	1	—	1	—	—	1	—	1	4	9	46
47 Other diseases, genito-urinary system .. .. .	2	1	2	1	3	2	4	2	4	—	21	—	—	1	2	5	1	1	4	14	35	47
48 Diseases of skin, subcutaneous tissue .. .. .	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	48
49 Diseases of musculo-skeletal system .. .. .	2	—	1	1	4	1	3	1	5	—	18	3	2	2	1	2	1	1	—	12	30	49
50 Congenital anomalies .. .. .	1	3	1	3	9	3	3	4	2	—	29	8	—	2	1	—	2	—	1	14	43	50
51 Birth injury, difficult labour, etc. .. .. .	2	2	1	1	4	1	3	2	2	1	19	2	4	5	—	—	2	—	—	13	32	51
52 Other causes of perinatal mortality .. .. .	1	4	—	1	2	2	—	5	3	1	19	2	—	1	2	—	3	—	—	8	27	52
53 Symptoms and ill defined conditions .. .. .	—	2	2	—	3	6	5	2	1	1	22	1	2	1	1	—	1	—	2	8	30	53
54 Motor vehicle accidents .. .. .	2	3	1	1	6	6	3	6	2	7	37	3	3	3	5	1	4	1	3	23	60	54
55 All other accidents .. .. .	—	6	2	2	16	13	8	10	11	6	74	5	3	1	—	2	3	2	7	23	97	55
56 Suicide and self-inflicted injuries .. .. .	2	2	3	1	6	2	1	1	7	—	25	2	2	2	—	—	1	1	3	11	36	56
57 All other external causes .. .. .	—	1	—	1	—	2	—	1	3	1	9	2	—	—	—	—	1	—	3	6	15	57



*Causes of death at different periods of life in the Administrative County of Worcester*

Causes of Death		All Ages		Under 4 weeks		4 weeks and under 1 year		1—4 Years		5—14 Years		15—24 Years		25—34 Years		35—44 Years		45—54 Years		55—64 Years		65—74 Years		75 and over	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES		2540	2286	56	34	26	24	13	12	19	14	20	16	31	21	63	46	182	94	457	247	763	517	910	1261
1	Enteritis and other Diarrhoeal Diseases ..	2	4			1	2		1											1	1				
2	Tuberculosis Respiratory ..	1																		1					
3	Late effects of Respiratory T.B. ..	3																			2			1	
4	Tuberculosis, other ..		3						1				1								1				
5	Whooping Cough ..	1				1																			
6	Syphilis and its Sequelae ..	1																		1					
7	Other Infective and Parasitic Diseases ..	2	3			1	2											1							1
8	Malignant Neoplasm—Buccal Cavity ..	8	6													1		1		3	2	1	2	2	2
9	Malignant Neoplasm—Oesophagus ..	14	4													1		3	1	2	1	3	5	2	2
10	Malignant Neoplasm—Stomach ..	57	40															5		18	4	20	11	14	25
11	Malignant Neoplasm—Intestine ..	77	66													3	2	3	1	10	11	30	23	31	29
12	Malignant Neoplasm—Larynx ..	5	1													1		1		2		1			1
13	Malignant Neoplasm—Lung Bronchus ..	189	40													1	1	15	5	63	12	76	15	34	7
14	Malignant Neoplasm—Breast ..	1	96											1			7	17	1	23	26	8		22	10
15	Malignant Neoplasm—Uterus ..		35														3	5		9					
16	Malignant Neoplasm—Prostate ..	41																1		10		14		16	
17	Leukaemia ..	20	7					2		4	1	1	1	1					5	1	4	1	3	2	2
18	Other Malignant Neoplasms ..	120	133					1		3	1	2	1	4	6	8	3	11	11	31	32	29	34	31	45
19	Benign and Unspecified Neoplasms ..	9	8										1	2			1		3	2	2	2	2	1	1
20	Diabetes Mellitus ..	13	33													1		1	3	7	6	1	11	4	15
21	Avitaminoses ..		2																						2
22	Multiple Sclerosis ..	2	4											1		1	1				1	1			
23	Other Endocrine Diseases ..	5	14	1		1	1						1					1		1	4	6	1	3	
24	Anaemias ..	5	3										1						1				4	2	
25	Other diseases of Blood, etc. ..		2														1			1					
26	Mental disorders ..	3	2													1				1		1			1
27	Meningitis ..	5	3	3	1	1	1							1								1			
28	Other diseases of Nervous system ..	22	15					1			1		1		1	1		1	1	2	2	12	2	6	6
29	Chronic Rheumatic Heart Disease ..	22	38											1		1	2	6	4	4	11	6	12	4	9
30	Hypertensive Disease ..	52	46															3		8	3	23	8	18	35
31	Ischaemic Heart Disease ..	703	452											1		18	3	75	11	144	35	226	114	239	289
32	Other forms of Heart Disease ..	118	179								1	1		1	1	1	3	7	1	9	4	32	26	68	143
33	Cerebrovascular Disease ..	315	409									1		3		4	8	12	11	39	29	110	99	148	259
34	Other Diseases of Circulatory System ..	96	113									1					3	5	3	6	8	26	16	58	82
35	Influenza ..	1	1													1				1					
36	Pneumonia ..	110	175	3	3	2	7	1	3	3	2		1	2		1	1	2	3	10	4	17	23	69	128
37	Bronchitis and Emphysema ..	184	52	1		1				1				1		1	2	3	5	35	6	70	17	71	22
38	Asthma ..	4	4							1										2	2	1	1		1
39	Other Diseases of Respiratory System ..	38	27			5	2	3		1		1		2		1	1	2		5	1	9	6	10	15
40	Peptic Ulcer ..	25	17													1		2	1	3	2	7	7	12	7
41	Appendicitis ..	4																			1		3		
42	Intestinal Obstruction and Hernia ..	10	13		1															1	1	5	4	3	7
43	Cirrhosis of Liver ..	8	6													1		2	1	3	2		1	2	2
44	Other Diseases of Digestive System ..	23	28											1	1	2		2		2	6	7	7	9	14
45	Nephritis and Nephrosis ..	2	6											1	1					2			3		2
46	Hyperplasia of Prostate ..	9																		1		2		6	
47	Other Diseases, Genito-Urinary System ..	20	15															2		2	4	5	6	11	5
48	Diseases of Skin Subcutaneous Tissue ..		1						1																
49	Diseases of Musculo-Skeletal System ..	11	19										1					1	1	3	1	2	6	5	10
50	Congenital Anomalies ..	20	23			8	7	2	1	1	3		1				1				1				1
51	Birth Injury, Difficult Labour, etc. ..	22	10	22	10	1																			
52	Other Causes of Perinatal Mortality ..	16	11	15	11																				
53	Symptoms and Ill Defined Conditions ..	10	20															1		3		2	3	5	16
54	Motor Vehicle Accidents ..	40	20					2	3	2	2	8	2	6	1	5	1	7	2	2	5	5	1	3	3
55	All Other Accidents ..	40	57	2		3	2	2	1	1	1	5	2	2	3	3	1	2	1	5	4	3	12	12	33
56	Suicide and Self-Inflicted Injuries ..	25	11									1	2	4		4	1	5		5	4	6	1		2
57	All Other External Causes ..	6	9			1								2					3	1	2				



PART II

HEALTH CENTRES  
AND CLINICS

### *Health Centres and Clinics*

At the time of writing a major scheme is now well under way for the provision of health centres in Worcestershire, details of which are as follows:

#### *Redditch — Matchborough*

This temporary health centre which was brought about by the conversion of two houses was in use throughout the year. It will continue until about 1974 whilst two housing areas are being developed.

#### *Stourport-on-Severn*

The building of this new health centre which forms part of a large County Council complex will be completed in June 1972.

#### *Kidderminster*

This centre is nearing completion and will be brought into operational use as from July 1972.

#### *Redditch — Smallwood*

The general practitioners in Redditch will be delighted at the progress with this centre which should be finished by July 1972.

#### *Wythall*

It is pleasing to record that building work on this centre will commence early in 1972. It is due for completion in January, 1973.

#### *Malvern — Victoria Park*

This is a conversion scheme for an existing clinic. A start should be made during the Autumn of 1972.

#### *Evesham*

It is hoped that the building of this health centre will commence towards the end of 1972.

#### *Pershore*

The Pershore Health Centre is certainly long overdue and a start on building will probably not be made prior to the Autumn of 1972 at the earliest.

#### *Redditch — Winyates*

A site for the health centre will be purchased during 1972. A building start will be made early in 1973. This centre will replace the Matchborough temporary health centre.

#### *Droitwich*

This centre will be erected in the centre of Droitwich and currently a number of properties are being purchased. The building will not be available prior to 1974/75.

The following health centre schemes will be considered later:—

Frankley

Redditch (West)

Redditch (Churchill)

As regards health clinics the following new schemes are under way:

#### *Kidderminster — Franche*

The building of this new health clinic is well under way and will be completed in early 1972.

#### *Redditch — Woodrow*

This is a temporary health clinic being provided in a prefabricated sectional building. It is planned for operational use at the end of April, 1972 and should be required for a minimum of five years.

#### *Redditch — Crabbs Cross/Headless Cross*

Here again a temporary health clinic will be provided for approximately five years. The scheme is currently with the Department of Health and Social Security.

#### *Malvern—Barnards Green*

This will be a purpose-built health clinic incorporating two nurses flats on the first floor. It will be part of a small County Council complex and is not likely to be started until late 1972.

Future possible areas for health clinics:—

Stourbridge — Norton

Stourbridge — Hagley

Tenbury

# PART III

## CHILD HEALTH SECTION



### *Child Health Section*

There have been major administrative changes throughout the year and the new structure is just now showing some of the benefits of a more integrated service.

The responsibilities under Nurseries and Child Minders Regulation Act 1948 were transferred to the Social Services Department in April, 1971 although, in practice, this department continued their supervision until August, 1971 in order to assist the new Social Services Department.

The new child health section has combined the supervision of all children from 0-16 under one senior administrative medical officer and three senior clinical medical officers who also do some administrative duties. This arrangement is working well and the greater flexibility with no dividing line at five years or strict adherence to areas has resulted in a better service to the children and more satisfaction to the staff. Much emphasis is laid on the early detection of handicaps and especially the institution of early remedial treatment when this is required. All the health visitors have been given in-service training in developmental paediatrics and they complete a simple form on any child they discover failing developmentally, and on all children who are at risk.

The child health clinics continue to be well attended and fulfill a need. As a result of health visitor attachment there is increasing interest by general practitioners in having their own baby clinics on similar lines to the local health authority clinics.

The major change in the school health service has been the transfer of the junior training centres and the hospital special schools to the Education Department. Although a major upheaval, the change has gone very smoothly because of the close liaison and co-operation that we have always enjoyed with the Education Department.

The most pressing problem now is for the provision of day care places for the very severely handicapped. It is hoped to find places for the 3-5 year old severely mentally handicapped in nursery classes in the new E.S.N. schools and this will be of great help to the parents. It will involve about 38 children.

We are fortunate in being able to find day or boarding places for most of our handicapped children who require special schooling, except for the small group of about 40 maladjusted children who are extremely difficult to place. It will be of great help when the new day centres are opened at the Mere, Stourbridge and the Old Vicarage Clinic, Redditch and if these children are given treatment early, it can be anticipated that they should be able to return to the ordinary school much more quickly.

The places that we have reserved at Heathercombe Brake in Devon for delicate children and convalescence have all been fully taken up throughout the year and the majority of children greatly benefit from their stay which can be anything from two weeks to one year.

Arranging for the transport and escorting of these children to the various boarding special schools entails much administrative work because each school varies with its holiday dates and some have a four term year. Special thanks must be given to the Birmingham W.R.V.S. for all their help in this important task.

During the Post Office strike we were able to maintain all our services with much ingenuity and willing help and co-operation from all the staff which was greatly appreciated.

The staffing position with medical officers has become increasingly difficult but we have managed to keep all our services going by the employment of sessional doctors. We do our best to maintain continuity of doctors at the clinics and the schools but with our ever increasing movement of staff it is becoming more and more difficult.

### *Observation Register*

At one time screening examinations were carried out mainly on children who were at risk due to adverse factors during the pregnancy and birth. This system only revealed about a third of the total children with handicapping conditions. The only certain way of finding all such children is for every child to be observed by periodic screening. For this we largely depend on our health visitors being constantly on the alert and for their reporting any child they suspect of having difficulties or showing developmental delay.

In order to avoid as far as possible the chance of some children slipping by unrecognised it is still felt necessary for certain children who are particularly vulnerable to be placed on a special observation list and their progress kept under review. For these children, Health Visitors are requested to send in reports from time to time. This system also helps to ensure follow up of those children whose parents move around and might otherwise be lost sight of until they attained school age.



The total number of children aged 0-5 on special observation on 31st December, 1971 was 1,020 but this figure only shows the numbers on observation at any one time because children who were on the list and are found to be progressing normally come off the list at about two years of age. Apart from this there is also a defect list of children under five years who were born with malformations or actually developed a handicapping condition at a later date. Their progress is followed up similarly to those on the observation list and details are shown on the chart following.

Taking both these groups together it means that about 5% of the under five children are being closely followed up. This is a much more manageable number and it is hoped will reveal a larger proportion of the handicaps than by the previous system. It will take a little longer to see how effective this system is.

*Defects List*

All children with a congenital malformation or other disability diagnosed later continue to be kept under close observation by the health visitor who submits a regular report. This ensures referral to the school health service and the provision of suitable schooling for their needs.

Children with known defects at the end of the year were as follows:

Blind	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Visual and eye defects (excluding squint and refractive errors)	.....	.....	.....	.....	.....	.....	.....	.....	.....	33
Deaf and partially hearing	.....	.....	.....	.....	.....	.....	.....	.....	.....	16
Epilepsy	.....	.....	.....	.....	.....	.....	.....	.....	.....	36
Severe speech disorder	.....	.....	.....	.....	.....	.....	.....	.....	.....	18
Hare lip and cleft palate	.....	.....	.....	.....	.....	.....	.....	.....	.....	43
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Spina bifida and/or hydrocephalus	.....	.....	.....	.....	.....	.....	.....	.....	.....	39
Cerebral palsy	.....	.....	.....	.....	.....	.....	.....	.....	.....	20
Congenital dislocation of hip	.....	.....	.....	.....	.....	.....	.....	.....	.....	25
Other physical handicaps	.....	.....	.....	.....	.....	.....	.....	.....	.....	23
Cardio-vascular defects	.....	.....	.....	.....	.....	.....	.....	.....	.....	56
Severe mental retardation	.....	.....	.....	.....	.....	.....	.....	.....	.....	69
Down's Syndrome (Mongolism)	.....	.....	.....	.....	.....	.....	.....	.....	.....	29
Metabolic and renal dysfunction	.....	.....	.....	.....	.....	.....	.....	.....	.....	28
Other disorders of development	.....	.....	.....	.....	.....	.....	.....	.....	.....	19
										—
										460
										—

*Children with Congenital Defects*

Congenital defects involving the following systems were notified to the Registrar General during the year :

Central Nervous System	.....	.....	.....	.....	.....	.....	.....	.....	.....	35 (18)
Ear	.....	.....	.....	.....	.....	.....	.....	.....	.....	2 (—)
Eye	.....	.....	.....	.....	.....	.....	.....	.....	.....	2 ( 1)
Alimentary System	.....	.....	.....	.....	.....	.....	.....	.....	.....	33 (16)
Heart	.....	.....	.....	.....	.....	.....	.....	.....	.....	6 ( 5)
Urogenital System	.....	.....	.....	.....	.....	.....	.....	.....	.....	4 ( 7)
Limbs excluding talipes	.....	.....	.....	.....	.....	.....	.....	.....	.....	17 (15)
Talipes	.....	.....	.....	.....	.....	.....	.....	.....	.....	22 (30)
Congenital dislocation of hip	.....	.....	.....	.....	.....	.....	.....	.....	.....	3 ( 8)
Mongols	.....	.....	.....	.....	.....	.....	.....	.....	.....	1 ( 4)
Other defects	.....	.....	.....	.....	.....	.....	.....	.....	.....	5 ( 5)
										—
										130
										—

11 of these cases were stillbirths. Cases notified i n 1970 are in parenthesis.

### *Child Health Clinics*

A total of 21,892 pre-school children attended the child health sessions during the year compared with 20,095 during the previous year.

It is encouraging to report an increase in the number of children attending the child health clinics, which shows that they are still fulfilling a need in addition to the "well-baby clinics" being run by the general practitioners. It would seem that because of health education and publicity in the press and on radio more mothers are becoming aware and interested in the normal development of their children in all its aspects.

Two new centres were opened at Matchborough and Long Lartin both of which are new development areas.

The clinic at Whetty Lane was closed as the need has now ceased as mothers prefer to attend the main clinic at Barrington Road, Rubery.

All our clinics depend on the help we receive from the voluntary helpers and we are most grateful for their continuing support so willingly given.

### *Developmental Clinics*

There are now 16 regular sessions held in the County each month, where children under school age are seen by appointment. Occasional extra sessions are held in areas not yet covered regularly as needs arise and last year there was a total of 151 sessions held and 1,080 children attended for routine screening by a doctor who has had special training developmental paediatrics. At present it is mainly for the three year olds but if there were sufficient staff and clinic space other age groups would also benefit. At present children of any age who present problems are also seen here as there is more time available for discussion with the mothers than is possible at the ordinary child health clinics.

The commonest conditions requiring help are delayed speech and behaviour and emotional difficulties. Unsuspected visual defects are also brought to light which otherwise might not have been found until the child started school.

Infants and younger children with more severe handicaps are usually seen by a medical officer in their own homes in order to ascertain their educational needs and to talk over problems with the parents.

### *Liaison with Hospital Paediatric Consultants*

This is gradually growing and we find the reports we receive from them very helpful. It keeps us up to date with what is being done for the child with handicaps and we in turn can help by providing information concerning problems within the families of such children, and what facilities we have available to give them support and continuing supervision.

Our link with Lea Castle Hospital, whereby the health visitor concerned attends when the child is seen as an outpatient, is proving of benefit to both sides. We hope that this will be extended to the new outpatient clinic for subnormal children which is due to open soon at Worcester Royal Infirmary.

At Lea Castle there have also been more opportunities for our medical officers, who have particular responsibility in the assessment and placement of handicapped children, to be able to meet the consultants concerned. It would be a great step forward if this were to be extended to other hospitals, as this will become increasingly necessary when the health services unify in 1974.

### *Phenylketonuria*

The number of Guthrie tests carried out by the midwives on all babies was 7,329. There were no positive results and only one mother refused the test.



*Causes of stillbirths and infant deaths*

The following table shows the causes of the stillbirths and infant deaths:

Cause	Stillbirths	Infant deaths			
		0-1 week	1-4 weeks	1-12 months	1-5 years
Maternal antepartum haemorrhage	10	—	—	—	—
Maternal toxæmia	3	—	—	—	—
Placental insufficiency	25	—	—	—	—
Birth trauma	10	4	—	1	—
Congenital abnormality	19	12	10	16	3
Rhesus incompatibility	2	—	—	—	—
Prematurity	4	24	2	—	—
Pulmonary conditions	—	29	2	17	2
Infections other than pulmonary	—	5	—	8	3
Malignant conditions	—	—	—	—	3
Accidents	—	1	—	7	7
Other known causes	16	—	1	—	2
Causes not known	2	—	—	1	—
	91 (77)	75 (73)	15 (12)	50 (35)	20 (30)

Figures for 1970 are in parenthesis

*Dental Treatment of Expectant and Nursing Mothers and Pre-School Children*

Report by Mr. Charles W. D. Jones, B.D.S. Principal Dental Officer.

The increase in the number of pre-school children inspected and treated can be attributed to the prominent display given to this information on the consent forms and appointment cards of the School Dental Service, which advises parents on the availability of the pre-school service. Unfortunately, this information is only received by parents who already have a child at school, but the success of this indicates that more could be done for these very small patients if a method could be found to inform all parents of the service available.

The results of informing the public is also shown by the number of pre-school children who are now inspected and treated by the Dental officers in the mobile clinics in the rural areas of Worcestershire. In the past years rarely did these patients present themselves.

Older children are inspected by the Dental Surgeons of the School Dental Service at school and the parents informed if Dental treatment is required. Without this method many of the parents would be unaware of the service or the fact that the child is in need of treatment. There is no such method of inspecting pre-school children and so the opportunity of advising the parents is not available.

The answer is obvious - we must try and devise methods which will inform the public that these services are there for them to use.

## *Vaccination and Immunisation*

### *Computer Application*

As previously mentioned preparations were being made during 1970 to introduce a computerised appointments system for vaccination and immunisation. This scheme was introduced during 1971 and covers all children born on or after 1st January, 1971.

The aim of the computer system is to provide an appointments based vaccination and immunisation procedure throughout the County, whilst trying to keep clinic staff's and general practitioner's clerical tasks to a minimum. It is also thought that the computer system with its capacity to identify children who have not been immunised and to provide a practical method of systematic follow up will improve the already good immunisation rate throughout the County.

The computer system operates in all the County Council's child health clinics and details of the system were circulated to all general practitioners with patients in Worcestershire inviting them to participate. There are 72 doctor's practices within the County representing 185 individual doctors. Of these, 44 practices (61%) agreed to participate in the system representing 136 (75%) in terms of individual doctors. In addition there are 34 practices (76 individual doctors) taking part in the system who are not resident in the County but have Worcestershire patients. The general practitioners in the scheme have between them some 372,774 patients representing 81% of the County's population of 461,601 (1. 4. 71). When it is considered that many children, whose doctors are not in the scheme, will be immunised at child health clinics, it is fair to say that the system will be covering in the region of 90% of the population and should therefore encompass a similar proportion of the babies to be immunised.

As already mentioned, the system covers all babies born on or after 1st January, 1971 and to provide a basic record for each child, the birth notifications received from hospitals, and domiciliary midwives are recorded on the computer twice per week and the computer produces a health visitor's record card for each child incorporating a tear-off consent card for vaccination and immunisation. The consent cards, having been completed by the parents, are returned to the health department, checked and coded, and then fed onto the computer. The computer ties up the consent card with the original birth record and produces a second record which now contains the information necessary for the vaccination and immunisation appointment making procedure, i.e.:-

1. What injections are to be given.
2. At which clinic or general practitioner's surgery they are to be given.

Details of the days, starting times, maximum numbers etc., of the immunisation sessions are held on the computer and this information combined with the consent for each child enables the computer to produce appointment cards for each child's injections as they become due according to the recommended immunisation schedule. The computer also produces an appointment list for each clinic or general practitioners and completion of this list at the immunisation session involves only the "ringing" of a numeral for each child depending on whether:-

1. The child attended and was given the antigens indicated, or
2. The child was not given the antigens indicated but the reason for this was known, or
3. The child did not attend and no reason was known.

The only other information the doctor needs to enter on the list is the batch numbers of the antigens used.

The doctor signs the completed list and returns it to the health department. The list is used to update the children's computer records and provide a basis for future appointments and in the case of general practitioners, to calculate the fees due in respect of injections given. The latter information is passed to the Executive Council for the payment of the amounts due.

Each clinic and participating general practitioner has a supply of forms for completion when they perform an injection without an appointment and information from these is also used to keep the computer record up to date and to calculate any fees payable.

This is, of course, only an outline description of the system,. Whilst there is a great amount of detailed work involved both in the health department and in the computer section of the County Treasurer's Department, the operation of the system is relatively simple.

During the first 12 months of operation it has been found that some improvements could be made to the system and indeed several alterations have already been made, but the system is



not regarded as static and improvements and expansion are always being considered. I am pleased to report that the introduction of the system has gone relatively smoothly and I should like to take this opportunity of thanking all those who are involved for their efforts and co-operation.

Similar systems are being run by several local authorities and this particular system is based on that run in Buckinghamshire. I am particularly indebted to Dr. J. J. A. Reid, County Medical Officer of Health for Buckinghamshire and to Mr. D. E. Small and his staff for their continued assistance and co-operation. My thanks are also due to the County Treasurer and the staff of the Computer Section; to Mr. V. Williams, Clerk to the Worcestershire Executive Council and his staff; to the Medical Officers and Health Visitors concerned with the system at the child health clinics; and, of course, to all those general practitioners who agreed to take part and whose participation and co-operation have been invaluable.

*Timetable of Injections*

The timetable of injections continued unaltered during the year except for the withdrawal of routine smallpox vaccinations, an explanation of which appears later in this report. As the primary course of triple vaccine and oral poliomyelitis does not finish until 12 months of age, the only children born in 1971 who completed courses during the year are those whose family doctors prefer to use a different timetable of injections. It will be noted that this figure is considerably reduced since last year and this is due to the fact that the computer is programmed to give appointments according to the recommended schedule and as already stated the majority of doctors are taking part in the computer appointments system.

*Smallpox Vaccination*

Following a Department of Health and Social Security circular in July the routine vaccination against smallpox at 14 months of age was withdrawn. The reasons for this withdrawal are best explained in the following quotation from the circular which followed a recommendation of the Joint Committee on Vaccination and Immunisation.

“Vaccination remains the most reliable measure for protection of individuals liable to be exposed to this disease, but it is a procedure which has a very small but finite risk of serious complications. Changes in the prevalence of smallpox in countries overseas and the diminishing likelihood of the occurrence of outbreaks in this country have prompted a reassessment of the balance of the risks involved in the current recommended schedule of vaccination against the benefits that may be expected from it.”

Vaccination continues to be recommended for travellers to and from countries where smallpox is endemic or where eradication programmes are in progress and for health service staff who may come into contact with patients.

The following table shows the number of children under 16 years of age who were vaccinated or re-vaccinated against smallpox during the year before its withdrawal from the recommended schedule.

Age at date of vaccination	0-3 mth	3-6 mth	6-9 mth	9-12 mth	1 year	2-4 year	5-15 year	TOTAL
Number Vaccinated	1	2	2	18	1994	762	156	2935
Number Re Vaccinated	—	—	—	—	7	43	286	336

No cases of smallpox were notified in the County during the year.

*Vaccination against Rubella (German Measles)*

Rubella vaccination, introduced during 1970, continued to be offered to girls between their 11th and 14th birthdays with priority being given to the older end of the age group. By the end of December, 4250 girls had been vaccinated.

### *Vaccination against Measles*

Routine vaccination against measles at 13 months continued with some slight improvement over last year's figures but there still seems to be a great deal of reluctance amongst parents to have their babies vaccinated despite the publicity again given to the subject during the summer months. The campaign to vaccinate older children in schools had to be severely curtailed due to the shortage of medical staff and the increasing difficulty encountered in their recruitment and this accounts mainly for the fall in the total number of measles vaccinations during the year.

The following table shows the number of children who received an injection of measles vaccine during the year.

Children Born in the year	1971	1970	1969	1968	1967-1964	1955-1963	TOTAL
Primary Injections	2	2197	1431	660	850	176	5316

During the year there were 1,824 notifications of measles cases compared with 2,412 in 1970, 736 in 1969 and 2,630 in 1968.

### *Diphtheria, Whooping Cough and Tetanus Immunisations*

The following tables show the number of children under 16 years of age who received primary and re-inforcing doses either singly or in combination during the year.

#### *Diphtheria Immunisation*

Children Born in the year	1971	1970	1969	1968	1967-1964	1963-1955	TOTAL
Completed Primary Courses	99	4053	983	109	394	53	5691
Reinforcing Doses	—	105	275	107	4315	420	5222

No cases of Diphtheria were notified during the year.

#### *Whooping Cough Immunisations*

Children born in the year	1971	1970	1969	1968	1967-1964	1963-1955	TOTAL
Completed Primary Courses	94	3777	923	86	87	13	4980

There were 154 cases of whooping cough notified during the year.

#### *Tetanus Immunisation*

Children born in the year	1971	1970	1969	1968	1967-1964	1963-1955	TOTAL
Completed Primary Courses	99	4051	990	113	394	208	5855
Reinforcing doses	—	114	286	117	4371	907	5795



*Poliomyelitis Vaccination*

The number of re-inforcing doses of poliomyelitis vaccine as with the diphtheria and tetanus, are lower than the figure for 1970. Until early in 1971 poliomyelitis boosters in school were given separately and covered a wide age range, in an attempt to catch up on older children who had been missed by the campaigns in earlier years. As the vast majority of these children should now have been covered, the poliomyelitis, like the diphtheria/tetanus boosters, are now given at school entrance examinations.

The following table shows the number of children under 16 years of age who received protection against poliomyelitis during the year.

Children born in the year	1971	1970	1969	1968	1967-1964	1963-1955	TOTAL
Completed Primary Courses	99	3961	1015	115	475	70	5735
Reinforcing doses	—	107	262	101	4250	582	5302

There were no cases of poliomyelitis reported during the year.

*Vaccination against Anthrax*

There continues to be a small demand for anthrax vaccine, mainly from workers in the carpet manufacturing trade.

*Vaccination against Influenza*

In October protection was made available to the County Council's Headquarters staff with vaccine containing strains of influenza virus previously encountered.

*Vaccination against Rabies*

In November Local Health Authorities were advised by the Department of Health and Social Security of the availability of rabies vaccine for use on persons exposed in the course of their work to special risks of contracting this disease, and authorities were asked to make arrangements for vaccinations where necessary under Section 26 of the National Health Services Act 1946. The persons exposed to special risks include those employed at quarantine kennels approved by the Ministry of Agriculture, Fisheries and Food for the accommodation of imported dogs and cats, and details of the vaccination facilities were sent to the one such establishment within the County.

*Diphtheria Immunisation—Return for year ended 31st December, 1971*

District	Completed Primary Courses						Total	Reinforcing Doses					
	Year of Birth							Year of Birth					
	1971	1970	1969	1968	1967-1964	1963-1955		1970	1969	1968	1967-1964	1963-1955	Total
Bewdley Borough	—	108	30	2	3	7	150	—	1	—	124	3	128
Droitwich Borough	—	100	74	5	19	4	202	—	1	5	175	7	188
Evesham Borough	9	146	27	5	23	2	212	—	8	2	82	3	95
Halesowen Borough	13	588	108	15	123	4	851	9	65	24	461	40	599
Kidderminster Borough	5	530	72	19	31	—	657	48	23	20	632	14	737
Stourbridge Borough	12	493	113	3	21	2	644	—	30	16	385	138	569
Bromsgrove Urban	12	395	59	8	54	3	531	6	55	11	415	26	513
Malvern Urban	12	236	30	3	30	1	312	—	5	5	199	55	264
Redditch Urban	4	492	215	22	11	4	748	—	26	4	428	15	473
Stourport Urban	2	112	19	3	4	—	140	24	12	—	352	6	394
Bromsgrove Rural	3	254	82	6	9	5	359	5	35	12	326	48	426
Droitwich Rural	—	54	21	—	11	19	105	1	2	2	83	9	97
Evesham Rural	5	101	21	10	9	—	146	—	3	2	94	9	108
Kidderminster Rural	—	46	17	1	3	1	68	—	—	1	144	8	153
Martley Rural	9	105	16	1	14	—	145	1	6	—	123	7	137
Pershore Rural	—	197	55	3	13	—	268	10	3	1	176	22	212
Tenbury Rural	12	24	1	1	1	—	39	—	—	—	60	5	65
Upton-on-Severn Rural	1	72	23	2	15	1	114	1	—	2	56	5	64
Totals ..	99	4053	983	109	394	53	5691	105	275	107	4315	420	5222



*Tetanus Immunisation—Return for the year ended 31st December, 1971*

District	Completed Primary Courses						Reinforcing Doses					
	Year of Birth						Year of Birth					Total
	1971	1970	1969	1968	1967-1964	1963-1955	1970	1969	1968	1967-1964	1963-1955	
Bewdley Borough	—	108	30	2	3	7	—	1	—	125	13	139
Droitwich Borough	—	100	76	5	19	5	—	1	5	180	26	212
Evesham Borough	9	146	28	6	23	2	—	8	2	84	7	101
Halesowen Borough	13	589	109	16	120	12	9	65	26	462	63	625
Kidderminster Borough	5	530	72	19	32	1	48	23	21	634	17	743
Stourbridge Borough	12	493	113	4	21	77	—	30	16	385	159	590
Bromsgrove Urban	12	395	59	8	54	19	6	56	11	420	63	556
Malvern Urban	12	236	30	3	31	32	—	8	5	213	226	452
Redditch Urban	4	492	216	23	12	14	—	27	9	434	80	550
Stourport Urban	2	112	19	3	4	—	24	13	—	352	10	399
Bromsgrove Rural	3	250	82	6	9	13	13	35	12	333	123	516
Droitwich Rural	—	54	21	—	11	19	1	2	2	86	15	106
Evesham Rural	5	101	21	10	9	—	1	8	3	96	23	131
Kidderminster Rural	—	46	17	1	3	1	—	—	1	144	15	160
Martley Rural	9	106	16	1	14	4	1	6	1	125	26	159
Pershore Rural	—	197	56	3	13	—	10	3	1	181	26	221
Tenbury Rural	12	24	1	1	1	—	—	—	—	60	9	69
Upton-on-Severn Rural	1	72	24	2	15	2	1	—	2	57	6	66
Totals	99	4051	990	113	394	208	114	286	117	4371	907	5795

*Poliomyelitis Vaccination—Return for year ended 31st December, 1971*

District	Completed Primary Courses							Reinforcing Doses					
	Year of Birth							Year of Birth					
	1971	1970	1969	1968	1967-1964	1963-1955	Total	1970	1969	1968	1967-1964	1963-1955	Total
Bewdley Borough	—	95	30	2	7	—	134	—	1	—	129	1	131
Droitwich Borough	—	94	69	5	18	4	190	—	1	5	190	5	201
Evesham Borough	9	146	31	6	30	9	231	—	8	3	66	2	79
Halesowen Borough	13	569*	113†	16	132	8	851	9	62	24	384	40	519
Kidderminster Borough	5	533	93	18	74	1	724	48	23	20	597	12	700
Stourbridge Borough	11	489	111	3	24	7	645	—	27	14	386	135	562
Bromsgrove Urban	13	382*	61	9	49	4	518	6	54	6	429	35	530
Malvern Urban	12	224	29	4	28	6	303	—	8	5	205	194	412
Redditch Urban	4	500	221	21	10	3	759	—	22	2	431	20	475
Stourport Urban	2	112	19	3	15	—	151	24	10	—	376	5	415
Bromsgrove Rural	3	231	83	7	13	6	343	6	31	13	353	73	476
Droitwich Rural	—	51	22	—	11	20	104	1	3	1	70	9	84
Evesham Rural	5	103	21	10	10	—	149	—	4	2	89	10	105
Kidderminster Rural	—	46	18	—	10	1	75	—	—	1	128	7	136
Martley Rural	9	103	15	1	14	1	143	1	6	—	128	8*	143
Pershore Rural	—	185	54	5	11	—	255	10	2	4	180	19	215
Tenbury Rural	12	23	1	1	2	—	39	—	—	—	53	3	56
Upton-on-Severn Rural	1	75	24	4	17	—	121	2	—	1	56	4	63
Totals	99	3961	1015	115	475	70	5735	107	262	101	4250	582	5302

\*Includes one dose of salk vaccine.

†Includes two doses of salk vaccine.

*Measles Vaccination*

*Return for year ended 31st December, 1971*

District	Completed Primary Courses						
	Year of Birth						
	1971	1970	1969	1968	1967-1964	1963-1955	Total
Bewdley Borough .. ..	—	77	45	13	22	2	159
Droitwich Borough .. ..	—	82	95	37	34	1	249
Evesham Borough .. ..	—	88	44	21	24	4	181
Halesowen Borough .. ..	1	228	142	94	93	20	578
Kidderminster Borough ..	—	287	157	98	93	5	640
Stourbridge Borough .. ..	—	284	124	50	101	12	571
Bromsgrove Urban .. ..	—	220	97	42	55	8	422
Malvern Urban .. ..	—	116	83	25	54	11	289
Redditch Urban .. ..	—	245	259	71	93	75	743
Stourport Urban .. ..	—	88	64	29	38	—	219
Bromsgrove Rural .. ..	—	129	112	70	75	10	396
Droitwich Rural .. ..	—	34	21	4	20	8	87
Evesham Rural .. ..	1	58	26	13	26	4	128
Kidderminster Rural .. ..	—	23	30	4	9	—	66
Martley Rural .. ..	—	48	37	25	24	6	140
Pershore Rural .. ..	—	142	61	35	46	4	288
Tenbury Rural .. ..	—	8	5	6	11	3	33
Upton-on-Severn Rural ..	—	40	29	23	32	3	127
Totals .. ..	2	2197	1431	660	850	176	5316



*Rubella Vaccination-Year Ended 31st December, 1971*

DISTRICT	G.P.	CLINIC	TOTAL
Bewdley Borough .....	6	104	110
Droitwich Borough .....	2	101	103
Evesham Borough .....	21	142	163
Halesowen Borough .....	51	370	421
Kidderminster Borough .....	19	619	638
Stourbridge Borough .....	9	486	495
Bromsgrove Urban .....	26	210	236
Malvern Urban .....	21	252	273
Redditch Urban .....	1	322	323
Stourport Urban .....	1	292	293
Bromsgrove Rural .....	22	328	350
Droitwich Rural .....	—	84	84
Evesham Rural .....	1	159	160
Kidderminster Rural .....	2	173	175
Martley Rural .....	2	84	86
Pershore Rural .....	2	195	197
Tenbury Rural .....	—	83	83
Upton-on-Severn Rural .....	3	57	60
TOTALS	189	4061	4250

*Smallpox Vaccination—Return for the year ended 31st December, 1971*

District	Number of Children Vaccinated							Number of Children Re-vaccinated					
	0—3 months	3—6 months	6—9 months	9—12 months	1 year	Total under 2 years	Total	9—12 months	1 year	Total under 2 years	2—4 years	5—15 years	Total
Bewdley Borough ..	—	—	—	—	22	22	42	—	—	—	—	4	4
Droitwich Borough ..	—	—	—	—	88	88	133	—	—	—	7	1	8
Evesham Borough..	—	—	—	—	76	76	99	—	—	—	—	4	4
Halesowen Borough	—	1	—	8	199	208	309	—	3	3	2	55	60
Kidderminster Borough	—	—	—	—	195	195	425	—	—	—	16	53	69
Stourbridge Borough	—	—	—	1	271	272	308	—	—	—	2	56	58
Bromsgrove Urban	1	—	—	—	187	188	251	—	1	1	1	8	10
Malvern Urban ..	—	—	1	1	132	134	178	—	—	—	—	19	19
Redditch Urban ..	—	—	—	—	270	270	384	—	—	—	3	18	21
Stourport Urban ..	—	—	—	—	51	51	74	—	—	—	—	7	8
Bromsgrove Rural	—	1	—	4	163	168	250	—	—	—	4	9	13
Droitwich Rural ..	—	—	—	—	13	13	33	—	3	3	1	5	9
Evesham Rural ..	—	—	—	—	65	65	91	—	—	—	1	14	15
Kidderminster Rural	—	—	—	—	15	15	35	—	—	—	—	3	3
Martley Rural ..	—	—	—	1	68	69	92	—	—	—	3	19	22
Pershore Rural ..	—	—	—	2	102	104	126	—	—	—	1	3	4
Tenbury Rural ..	—	—	—	—	15	15	16	—	—	—	—	1	1
Upton-on-Severn Rural	—	—	1	1	62	64	89	—	—	—	1	7	8
Totals ..	1	2	2	18	1994	2017	2935	—	7	7	43	286	336

*Whooping Cough Immunisation*  
*Return for year ended 31st December, 1971*

District	Completed Primary Courses						
	Year of Birth						Total
	1971	1970	1969	1968	1967-1964	1963-1955	
Bewdley Borough .. ..	—	102	29	1	1	7	140
Droitwich Borough .. ..	—	98	74	5	2	—	179
Evesham Borough .. ..	8	128	21	3	1	—	161
Halesowen Borough .. ..	13	547	103	13	11	—	687
Kidderminster Borough ..	5	503	62	13	9	—	592
Stourbridge Borough .. ..	12	476	106	3	6	2	605
Bromsgrove Urban .. ..	10	345	55	8	14	—	432
Malvern Urban .. ..	10	230	27	3	8	1	279
Redditch Urban .. ..	4	437	205	16	2	1	665
Stourport Urban .. ..	2	109	19	3	—	—	133
Bromsgrove Rural .. ..	3	229	76	6	4	1	319
Droitwich Rural .. ..	—	54	21	—	3	—	78
Evesham Rural .. ..	5	92	20	7	4	—	128
Kidderminster Rural .. ..	—	41	16	—	2	—	59
Martley Rural .. ..	9	104	16	—	2	—	131
Pershore Rural .. ..	—	187	49	3	7	—	246
Tenbury Rural .. ..	12	24	1	1	1	—	39
Upton-on-Severn Rural ..	1	71	23	1	10	1	107
Totals .. ..	94	3777	923	86	87	13	4980



B.C.G. VACCINATION

The results of the 1971 programme and corresponding figures for previous years are given in the following table:-

	1971	1970	1969	1968	1967
No. of invitations issued	6898	6908	6292	5959	6270
No. of consents received	6371 (92.4%)	6314 (91.4%)	5696 (90.5%)	5477 (91.9%)	5715 (91.1%)
No. of persons tested	5886	5890	5264	5056	5315
No. of positive reactors	367 (6.2%)	446 (7.6%)	360 (6.8%)	509 (10.1%)	610 (11.5%)
No. of negative reactors given B.C.G.	5031	4960	4590	4273	4480

The figures for 1971 exclude those children known to have received B.C.G. vaccination already.

# *School Clinics*

<i>Name</i>	<i>Address</i>	<i>Held on</i>	<i>Nurses Sessions</i>	<i>Services</i>
Blackheath	Feldon Lane, Halesowen	Occasional		E.M.D.V.A.CG.S.
Bromsgrove	Recreation Road, Bromsgrove	Wednesday at 9.30 a.m.		E.M.D.V.S.A.CG.
Catshill	The Dock, Gibb Lane Catshill	Occasional		CG.V.
Cradley	Colley Lane, Cradley	Occasional		M.D.V.A.S.
Droitwich	Norbury House, Droitwich Spa	Occasional		E.M.V.A.S.
Evesham	Waterside, Evesham	2nd and 4th Fridays at 9.30 a.m.		E.M.D.V.S.A.
Halesowen	Highfield Lane, Halesowen	Occasional	Fridays at 9.30 a.m.	E.M.D.V.S.A.RE.P.
Lye	Orchard Lane, Lye, Stourbridge	Occasional		E.M.D.V.
Malvern	(1) Victoria Park Road, Malvern Link	Fridays at 9.30 a.m.		E.M.V.S.A.
	(2) Grove School, Pickersleigh Grove, Malvern	By appointment		D.
Pershore	Cherry Orchard School	Occasional		E.S.
Redditch	Bromsgrove Road, Redditch	1st Thursday at 9.30 a.m.	Thursdays at 9.30 a.m.	E.M.D.V.S.A.
Rubery	Barrington Road, Rubery Birmingham	Occasional		E.M.D.V.S.
Stourbridge	Westhill Clinic, Hagley Road, Stourbridge	Occasional	Fridays at 9.30 a.m.	E.M.D.V.A.S.CG.
Worcester	(1) 1 Loves Grove, Castle Street Worcester	Wednesdays 9.00 a.m. and 2.00 p.m. Thursdays 9.30 a.m. and 2.00 p.m.		CG.
Wythall	(2) Castle Street, Worcester Silver Street, Wythall	Occasional		E.M.V.S.A. E.M.V.A.S.
KIDDERMINSTER AREA	Bewdley Medical Centre			S.
Bewdley	Rear of 70/71 Load Street, Bewdley	Thursdays 2 p.m.		CG.D.E.M.S.A.
Kidderminster	Coventry Street, Kidderminster	Thursdays 9.30 a.m.		
Stourport-on-Severn	Milton Street, Stourport	2nd and 4th Fridays 9.00 a.m. by appointment	Mondays, Wednesdays and Fridays 9—10 a.m.	D.E.M.V.
INDEX TO SERVICES :				
A.	Audiology	D.	Dental	
CG.	Child Guidance	E.	Eye	
		M.	Minor Ailments	
		O.	Orthopaedic	
		P	Physiotherapy	S.
		RE.	Remedial Exercises	V.
				Speech Vaccination and Immunisation



### *School Hygiene*

Four primary and two secondary schools were completed in 1971. There were also major extensions to 23 other schools with 12 extensions to playground areas. Plans prepared by the County Architect's Department of new buildings or extensions are sent to the County Health Department for comment. This appears to be a worthwhile exercise. Perhaps it might be possible to extend the system to include work of private architects.

In addition to the new kitchens at the above six schools two other new kitchens were built. Plans were going ahead for a new food blast freezing technique.

No case of ill health which could be associated with the eating of a school meal was reported during the year. All County Council schools received cooked meals. Some 43,984 meals were supplied daily on payment, plus 4,085 gratis.

School children were able to learn to swim at the following swimming pools:-

Learner Pools	7	County Council Pools	1
County Council/P.T.A. Pools	18	Pre-War City Council Pools	2
Private Schools	2	Public Pools	9

All the pools under the direct control of the County Council are visited frequently by officers from the County Health Department. Samples of water and chemicals are taken. Staff training regarding the standards of water purity and hygiene is done on informal basis. A technical paper, which had been prepared by the County Public Health Officer a few years ago, on the construction and maintenance of swimming pools, was brought up to date. Copies of this paper are available on request to the County Education Officer.

The use of chlorinated cyanurate as a water sterilant commenced, on an experimental basis, in 1969, when three schools participated. In 1970 this number increased to 9. All schools reported favourably, but one thought that the chemical was somewhat expensive. It is hoped that, as the chemical becomes more popular the price will be reduced.

Samples, taken to ascertain the effectiveness of the chemical as a sterilant showed it to be satisfactory. It is of advantage for schools to inform the County Health Department, when they wish to use the chemical for the first time, so that advice can be given. The bacteriological and physical condition of water in the much-used indoor learner pools continued to give reasonable satisfaction.

Certificates have been signed by the Principal School Medical Officer in relation to the use of radioactive materials at 22 schools and colleges. Such material cannot be obtained without a licence. To date these isotopes have all been 'sealed' sources. The main purpose of the licence is to underline the need for common sense precautions.

Three colleges use models of laser beams. Appropriate safety regulations have been laid down by the Department of Education and Science for their use.

### *Child Guidance Service*

Report by

Dr. J. H. Morris, M.B., CH.B., D.P.M.  
Medical Director

I am pleased to record my gratitude to the various colleagues who have given me such a warm welcome here in Worcester.

Apart from the change in its Medical Director, the Child Guidance Clinic continues to function, albeit slightly differently from in the past. I would also like to record my gratitude to the various members in the Clinic who have supported me in instituting the changes just mentioned.

### *Staff Changes*

We have bid farewell to Mr. Rodney Morgan, Social Worker to the Malvern and south of the county areas who has left to take up a post in Social Services in Herefordshire, and we welcome in his place Miss Vivienne Tuddenham, who joined us on the 1st September, 1971. Dr. Evan Jones who has had considerable experience treating child psychiatric patients in Scotland, assists us on three sessions per week here in Worcester.

### *New Referrals*

There was a slight decline in the total number of new referrals which were accepted by the Child Guidance Service during 1971 compared with previous years. In all there were 270 referrals and the total number of individual children seen, including those carried forward from the previous year, in all the clinics was 373.



### Medical Inspection

#### School Population

					No. of Children		
					Boys	Girls	Total
Nursery	.....	.....	.....	1	24	17	41
Primary	.....	.....	.....	231	22995	21773	44768
Middle	.....	.....	.....	8	2073	1967	4040
Secondary Modern	.....	.....	.....	30	8455	7806	16261
Comprehensive (Final Stage Upper Schools)	.....	.....	.....	5	1854	1876	3730
Secondary Grammar	.....	.....	.....	9	2752	2552	5304
Secondary Technical	.....	.....	.....	1	380		380
Special Schools	.....	.....	.....	12	615	370	985
					297	39148	36361
							75509

### Medical Inspection and Treatment

#### (a) Periodic Medical Inspections

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1) 1967 and later	(2) 25	(3) 25	(4) —	(5) 1	(6) 8	(7) 7
1966	2572	2572	—	83	410	446
1965	3177	3177	—	126	507	580
1964	470	470	—	19	81	92
1963	313	313	—	18	44	57
1962	234	234	—	21	44	63
1961	179	179	—	16	31	44
1960	3008	3008	—	165	432	563
1959	1095	1095	—	88	116	194
1958	302	302	—	30	31	57
1957	1897	1897	—	157	223	361
1956 and earlier	2531	2531	—	197	236	424
Total ..	15803	15803	—	921	2163	2888

#### (b) Other Inspections

Number of Special Inspections	..	..	3607
Number of Re-inspections	..	..	239
Total	..		3846

(c) Defects found by periodic and Special Medical Inspections during the year

Defect Code No.	Defect or Disease		Periodic Inspection				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin .. .. .	T	114	176	245	535	61
		O	79	60	62	201	37
5	Eyes— <i>a.</i> Vision ..	T	210	354	357	921	231
		O	571	316	442	1329	243
	<i>b.</i> Squint ..	T	90	11	31	132	21
		O	66	11	35	112	16
	<i>c.</i> Other ..	T	14	14	17	45	13
		O	23	4	13	40	11
6	Ears <i>a.</i> Hearing ..	T	195	35	69	299	196
		O	225	50	130	405	188
	<i>b.</i> Otitis ..	T	44	8	18	70	18
	Media ..	O	79	15	29	123	47
	<i>c.</i> Other ..	T	11	2	8	21	10
		O	23	7	17	47	15
7	Nose and Throat ..	T	104	39	53	196	58
		O	498	72	196	766	173
8	Speech .. ..	T	77	4	26	107	83
		O	125	5	35	165	75
9	Lymphatic Glands ..	T	17	—	9	26	6
		O	148	29	51	228	58
10	Heart .. ..	T	10	3	4	17	11
		O	35	17	28	80	29
11	Lungs .. ..	T	34	14	30	78	40
		O	143	61	107	311	82
12	Developmental—						
	<i>a.</i> Hernia .. ..	T	15	1	3	19	7
		O	22	1	6	29	18
	<i>b.</i> Other .. ..	T	20	16	40	76	41
		O	94	31	71	196	89
13	Orthopaedic—						
	<i>a.</i> Posture .. ..	T	10	15	11	36	13
		O	20	25	36	81	24
	<i>b.</i> Feet .. ..	T	80	46	83	209	56
		O	125	48	129	302	100
	<i>c.</i> Other .. ..	T	26	19	19	64	23
		O	63	34	38	135	45
14	Nervous System—						
	<i>a.</i> Epilepsy ..	T	6	3	10	19	11
		O	32	10	15	57	20
	<i>b.</i> Other .. ..	T	12	6	22	40	41
		O	102	17	53	172	116
15	Psychological—						
	<i>a.</i> Development ..	T	10	2	10	22	61
		O	65	13	60	138	90
	<i>b.</i> Stability ..	T	11	3	16	30	66
		O	54	15	43	112	81
16	Abdomen .. ..	T	11	6	8	25	12
		O	29	14	20	63	13
17	Other .. ..	T	13	36	47	96	36
		O	32	41	64	137	66



### Cleanliness

(a) Total number of individual examinations of pupils in schools by school nurse or other authorised persons .....	136,807
(b) Total number of individual pupils found to be infected .....	718
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944) .....	73
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944) .....	11

### Eye Disease, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .....	185
Errors of refraction (including squint) .....	3,925
Total	4,110
Number of pupils for whom spectacles were prescribed .....	2,398

### Disease of the Skin

	Number of pupils known to have been treated
Ringworm - (a) Scalp .....	—
- (b) Body .....	—
Scabies .....	—
Impetigo .....	—
Other skin diseases .....	360
Total	360

### Orthopaedic Defects

(a) Combined report by Mrs. K. J. Johnson, S.R.N., O.N.C. and Mrs. M. Hunt, M.C.S.P., O.N.C.

#### Staff

We were pleased to welcome Mrs. Brancher who joined us in September, she has taken over the work in the Bromsgrove and Redditch areas.

#### Child Health Centres

These clinics are very well attended and offer a greatly appreciated service to young parents and we are very pleased to have been able to extend this service in Bewdley, Bromsgrove, Redditch, Droitwich and Bishampton.

#### Hospital Orthopaedic Clinics

We have continued our after care both at home and in schools, of children under the care of Orthopaedic Consultants. In all some 2,308 children have attended these clinics at five different hospitals.

#### Domiciliary Visiting

Whilst the child health clinics provide a very useful service in the preventive field, in the main the most valuable work is undoubtedly the visiting of the more disabled child in its home environment.

The daily care of these children, particularly the infants with spina bifida defects and infants with spastic conditions who often have other defects, place a very heavy burden on family life. Many young mothers often have little opportunity for social contacts outside their homes for long periods, and they are grateful for the advice and practical help we and our Health Visitor colleagues can give them.

Our thanks are offered to teaching staffs for their co-operation when it is necessary to visit children in school.

### *Social*

We attended a very interesting weekend Seminar in November which was arranged by the Spastic Association and a one day course at Lea Castle Hospital in January.

Most of the children we see with spina bifida and hydrocephalus belong to the Spina Bifida and Hydrocephalus Association and we attend the monthly meetings whenever possible.

### (b) Mrs. M. C. Brancher, M.C.S.P., O.N.C.

1. I took over the Bromsgrove-Redditch area in September 1971 and this report is therefore an early one. The domiciliary splintage and plaster work, based on consultant clinics, has continued as before. I have, however, started my own clinics in both towns, and these are well patronised by the pre-school age group. They should have the effect of reducing the number of referrals by School Medical Officers to the consultant, for minor orthopaedic complaints. At them I am also able to follow up some of the consultant's patients, thereby saving the mileage and travelling time which would otherwise be incurred in home visits.

2. During the Autumn Term I visited the children from my area who are in special schools, and then revisited them at their homes during the Christmas holiday. The purpose of this was to try for continuity of care - something in which there is often a contrast. For example the aim at school is to make the child as independent as possible, physically and psychologically. Parents are frequently unaware of this, and I might find a child who is self-sufficient in a wheel chair at school, sitting immobilised on a sofa or the floor, unable to go outside or even about the house. For this reason I hope that everything possible will be done to adapt these homes for wheel-chair life. Other matters on which advice might well be needed during a typical visit include feeding, sleeping and bathing arrangements and the special equipment required by the handicapped, to manage the tasks which we find so easy. Every case is different.

3. At my suggestion the Redditch Area Social Services team are hoping to start both swimming and riding groups for the disabled. They also intend to foster the intergration of physically handicapped children with the able-bodied at Youth Clubs and Leisure Centres.

4. A background in orthopaedic nursing and in physiotherapy, and frequent contact with the child in the home, hospital, and school, makes it possible to view the physical and social welfare of the child as a whole. It also affects the advice, guidance and treatment one is able to give, inevitably to the benefit of the child.

### Report by Mr. E. W. Stanton, Senior Peripatetic Teacher for Hearing Impaired Children

It is now ten years since the inauguration of the pilot scheme designed to detect hearing defects in children either during infancy or through their school years.

In this ten year period the service has grown in size and experience and in the current year approval was given to the appointment of two more Specialist Visiting Teachers, thus bringing the teaching complement up to eight during 1972.

These appointments have strengthened the multidisciplinary team of specialist health visitors, audiometric nurses, teachers and medical officers which is available to deal with all problems caused by hearing defects in children of any age.

Very satisfactory results have been achieved during the life of the service and much of the success can be attributed to:

- (a) A multidisciplinary approach to the problem, and,
- (b) The concept of the service being child and family based.



These basic concepts have enabled screening, diagnostic, medical and educational facilities to be available to the children, their parents, their teachers etc., from the one group of officers working in concert.

Since all administrative and clerical work is dealt with through a single department, a two way communication with the numerous hospital departments, family practitioners, health visitors, educationalists etc., is made much more efficient and economical.

All members of the service are most appreciative of the helpful and co-operative spirit which has been developed over the years with these numerous agencies.

This would seem to be a much more efficient and satisfactory solution to the problem, than the alternative of the many and various needs of the child and family being dealt with by different agencies. It also gives greater opportunity for the child to overcome its handicaps while remaining in its local environment.

To establish a high standard of infant screening, in-service training courses are held annually for all new members of the health visiting staff, and 1971 saw the introduction of refresher courses to maintain this standard. As a result of the initial tests carried out by health visitors the number of small children referred for further testing and investigation continues to increase. The audiometric health visitors investigated 661 of these referrals in 1971, of which 50 were seen by senior medical officers.

At the end of the year 16 pre-school children were added to the growing list of those whose hearing is so impaired as to need hearing aids and regular training. This remedial work is carried out initially by the audiometric health visitors and subsequently by the specialist teachers at a very early age.

There are now some 220 children for whom hearing aids have been prescribed and of these 35 are so handicapped that they have been placed in the appropriate special schools.

Of the large remainder, the system of early diagnosis and continual support, has enabled more than thirty children to remain at home and make satisfactory progress through local schools despite the handicap of quite severe hearing loss.

It would be a very retrograde step if any of the impending changes which could be brought about by national or local re-organisation were to interrupt the proven work of such a service.

*Audiological Service*

Number of Sweep Tests Carried Out.

Children Tested	Number	Total who failed test
Infants	9791	1181
Junior Mixed	1568	187
Middle	7	6
Secondary Modern and Grammar	25	25
TOTAL	11391	1395 (12.2%)

*Number of Examinations at the Audiometric Clinics*

Number Examined	2700
Passed Examination	965
Failed Examination	1735
Causes of Failure:	
(a) Infection of Ear, Nose or Throat	1064
(b) Other Conditions	422
Referred to Aural Surgeon	249

### *Pre-school Children*

Home Visits for Hearing Tests			Home visits for Auditory Training and Parent Guidance	Follow-up school and Home Visits		Misc.
Under 18 mths.	18 mths. to 5 yrs.	5 yrs. +		Pre-school children	School children	
148	486	27	277	21	13	88

### *Hearing Aids*

Total number of pupils in schools who are known to have been provided with hearing aids:

(a) during the year	.....	.....	.....	26
(b) in previous years	.....	.....	.....	212

### *School Children in Road Accidents*

The following table for Worcestershire has been supplied by the Chief Constable, West Mercia Constabulary:

				Fatal	Serious	Slight	Total
1971	.....	.....	.....	5	101	235	341
1970	.....	.....	.....	15	134	286	435
1969	.....	.....	.....	5	116	236	357
1968	.....	.....	.....	3	103	204	310
1967	.....	.....	.....	4	64	216	284
1966	.....	.....	.....	5	88	207	300
1965	.....	.....	.....	5	73	228	306
1964	.....	.....	.....	11	73	222	306
1963	.....	.....	.....	2	95	246	343
1962	.....	.....	.....	6	71	196	273
1961	.....	.....	.....	5	59	177	241

### *School Dental Service*

Report by Mr. Charles W. D. Jones, B.D.S.  
Principal School Dental Officer

The year 1971 has been, in the main, a satisfactory one from the point of clinical treatment and the inspection of school children in Worcestershire. The county has remained fairly well staffed though the Halesowen area had a dental officer short for part of the year. In spite of this the number of children inspected has increased, similarly the numbers actually treated.

The figures, in comparison with previous years, show that dental officers are finding it possible to give more comprehensive treatment to their patients. More deciduous teeth are saved than extracted as the number of more sophisticated and time consuming operations, crownroot treatment is ever increasing. Though this may seem satisfactory, it must be remembered that these figures only relate to children treated by the school dental service, but does not take into consideration the dental condition of those whose parents never accept any dental treatment for their children, either from the school service or from the general dental services. These children; some 20-30% of the school population are in desperate need of attention, attention they may not have until their parents give consent for it to be carried out.

This consent is often withheld due to an attitude of protecting their child from the discomfort of dentistry, but they cannot, or will not, recognise the hazards to the child's health that can ensue. No parents would wish on their child discomfort or pain, but the small amount that is necessitated for a minor filling is no way comparable to the pain and agony of a dental abscess, subsequent extraction and possible sequelae of a life of denture wearing.



The regulations on the treatment of handicapped children has been well anticipated in Worcestershire. Last year I made comment on this side of the service - this has been extended and Mr. Nicholas has been able to devote greater time to the dental well being of these patients. The results are encouraging - but the increasing number of this category of patients makes the problem no easier. I would like here to make a special note of appreciation to the teachers in these schools for the extra efforts they give to see that their charges try to maintain a high degree of oral cleanliness, one of the most important ways of reducing the incidence of dental decay.

#### *Staffing*

This year we were glad to welcome to the staff Mr. T. W. W. Evans, L.D.S., full-time Dental Officer in the Bromsgrove and Rubery Clinics, replacing Mrs. S. M. Gwyer, B.D.S. Miss S. Burton B.D.S., resigned her appointment to take a senior post in Warwickshire, but we were fortunate to obtain the services of Mr. D. F. Ridler, L.D.S., for eight months. Mr. M. Bradley, B.D.S. joined the staff in a part-time capacity in October.

The replacement of Dr. D. J. Nicholas, M.B., Ch.B., as anaesthetist was not possible, but we were all most relieved when she agreed to return later in the year. Dr. R. J. L. Potts, M.B., B.Chir. who agreed to act as anaesthetist in the Redditch areas helped to fill the gap, the efforts of Dr. C. Starkie, Divisional Medical Officer in the Kidderminster area was most appreciated.

Finally, I would express my thanks to the Chairman and the Education Child Care Sub-Committee for their support, also to Dr. J. D. Willins for his helpful advice, to all the dental officers and staff of the dental section for their efforts and to all the headmasters and headmistresses for their forbearance and co-operation.

### *Tuberculosis and its Prevention*

#### *Notification of Tuberculosis in Children of School Age*

Report by Dr. R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P., Chest Physician to the Birmingham Regional Hospital Board and Senior Consultant Chest Physician to the Local Health Authority

	Respiratory		Non Respiratory		Both Forms	
	Number	Rate/1000	Number	Rate/1000	Number	Rate/1000
Average 1956-60	11	0.17	4.8	0.075	15.8	0.25
Average 1961-65	6.2	0.10	1.4	0.02	7.6	0.11
Average 1966-70	3	0.04	1	0.02	4	0.06
1971	3	0.04	3	0.04	6	0.08

This Table shows the incidence of pulmonary tuberculosis in children of school age. There has been a slight increase in the number of non-respiratory cases but the numbers are so small that no positive conclusions could be drawn from this. The figure for respiratory cases once again remains static.

### *Handicapped Children*

Report by Isobel J. McLarty, M.B., Ch.B.

Senior Medical Officer Child Health Service

The early detection of handicaps has been given top priority. Medical officers are seeing these children at a much earlier age so that they may be discussed with the head teachers before they are admitted to school. The importance of play groups to the handicapped child cannot be stressed enough and the health visitors in consultation with the medical officers are using the facilities available to the full. Once nursery schools are established this will help enormously.

The aim is always to keep a handicapped child in the ordinary school or a day special school so that he grows up with his peers in the local community. When this is impossible the children are sent to residential schools and seen by our medical officers during their holiday periods. There is usually no difficulty in finding places for the children that require this except for maladjusted pupils and the few children requiring special care facilities.

It has been decided to re-assess all the educationally subnormal children early in their last year at school so that discussions can take place with the head teacher before the children are seen by the careers advisory officer regarding their future employment or placement.

Return of Handicapped Children

Part I

During the calendar year ended 31st December, 1971			Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	Total (11)	
A	Number of handicapped children who were newly assessed as needing special educational treatment at special schools or in boarding homes	boys	1	3	2	—	6	5	10	66	—	—	93	
		girls	1	—	1	—	6	—	1	45	—	—	54	
B	Number of Children who were newly placed in special schools (other than hospital special schools) or boarding homes	(i) of those included at A above	boys	1	1	1	—	5	4	3	25	—	—	40
			girls	1	—	—	—	3	—	—	11	—	—	15
		(ii) of those assessed prior to January 1971	boys	—	2	—	—	6	3	3	41	—	—	55
			girls	—	—	—	—	2	—	—	21	—	—	23
		(iii) Total newly placed—B (i) and (ii)	boys	1	3	1	—	11	7	6	66	—	—	95
			girls	1	—	—	—	5	—	—	32	—	—	38

Part II

Children who were previously regarded as unsuitable for education at school.

Number of children from the Authority’s area, previously regarded as unsuitable for education at school who became the Local Education Authority’s responsibility on 1st April, 1971.

Boys	166
Girls	118
TOTAL	284



Part III

On 21st January, 1972, number of children from the Authority's area:				Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	Total (11)			
Awaiting places in special schools other than hospital special schools:																	
Under 5 years of age	Waiting before 1.1.71	(a) day places	boys														
			girls														
		(b) boarding places	boys														
			girls														
	Newly assessed since 1.1.71	(a) day places	boys		1	1		1			2			5			
			girls					1			2			3			
		(b) boarding places	boys														
			girls			1									1		
A Aged 5 years and over	(i) Waiting before 1.1.71 (a) whose parents had refused consent to their admission to a special school	(a) day places	boys								11			11			
			girls								6			6			
		(b) boarding places	boys					1			12			13			
			girls						1		6			7			
		(b) others	(a) day places	boys					1			15			16		
				girls								6			6		
			(b) boarding places	boys								1			1		
				girls	1											1	
	(ii) Newly assessed since 1.1.71 (a) whose parents had refused consent to their admission to a special school	(a) day places	boys									1			1		
			girls										1			1	
		(b) boarding places	boys							1	1				2		
			girls														
		(b) others	(a) day places	boys		1						25				26	
				girls						1			15				16
			(b) boarding places	boys							1	6	4				11
				girls								1	1				2
Total awaiting admission to special schools other than hospital special schools			(a) day places	boys		2	1		2		54			59			
				girls					2			30			32		
			(b) boarding places	boys					1	2	7	17				27	
				girls	1		1			1	1	7					11

Part III (continued)

On 21st January, 1972, number of children from the Authority's area:			Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	Total (11)	
<b>B</b> On the registers of:	(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	(a) day	boys	1	9	7	1	25	1	3	329		376	
			girls			1	2	20		2	254		279	
		(b) boarding	boys		5			7		1	92		105	
			girls		1			5	1	2	28		37	
		(ii) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	(a) day	boys	2				1					3
				girls										
			(b) boarding	boys	9		2	2		5	5	20	2	45
				girls	9		3	1	2					15
	(iii) Independent schools under arrangements made by the Authority	(a) day	boys			1	4						5	
			girls				1						1	
		(b) boarding	boys			5		3	9	21	6		44	
			girls			4	2	1	1	6	3		17	
	(iv) Special classes and units not forming part of a special school		boys											
			girls											
<b>C</b> Boarded in homes and not already included in <b>B</b> above		boys						1	6				7	
		girls												
<b>D</b> Number of handicapped pupils (irrespective of the area to which they belong) being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944	(i) in hospitals		boys											
			girls											
	(ii) in other groups <i>e.g.</i> units for spastics, etc.		boys											
			girls											
	(iii) at home		boys					1		1	2		4	
			girls			2		1		2	3		8	
<b>E</b> Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units; under Section 56 of the Education Act, 1944; and boarded in Homes.		boys	12	16	16	7	40	18	44	520	2	—	675	
		girls	10	1	11	6	31	3	13	325	—	—	400	



### *Handicapped Pupils*

#### Number of Children in Special Schools 1962-1971

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Blind .. .. .	13	12	13	15	14	14	14	15	18	21
Partially Sighted .. ..	13	13	16	15	9	12	14	11	17	15
Deaf .. .. .	23	22	23	28	26	25	26	25	22	23
Partially Hearing .. ..	19	21	23	26	23	23	18	15	14	13
Delicate .. .. .	17	12	15	19	18	19	21	20	15	17
Physically Handicapped ..	38	34	38	42	36	43	41	41	50	64
Speech Defects .. ..	—	—	1	—	—	—	—	1	1	—
Educationally Sub-Normal	221	291	308	315	278	314	396	444	494	*732
Maladjusted .. ..	17	20	24	35	33	36	32	26	34	40
Epileptic .. .. .	15	14	8	9	6	5	5	5	3	2
Totals ..	376	439	469	504	443	491	567	603	668	927
School Population ..	64,809	66,064	67,119	68,286	61,677	64,000	66,011	68,574	71,663	75,509

\*Includes children who before 1st April, 1971 were regarded as unsuitable for education at school.

### *Speech Therapy*

Report by Miss R. M. Bourke, L.C.S.T.

Senior Speech Therapist

It has been a year of growth and development rather than change.

Mrs. Cooper who did some sessional work for us left the area with her husband.

Mrs. Souch who had been working part time came to work on a full time basis.

Miss Kelleher started work as a full time speech therapist after her qualifying examination.

Mrs. Scott, as Senior Assistant, now not only co-ordinates speech therapy services at Stourbridge and Bromsgrove but also does much to guide and help teachers of severely subnormal children so that they may be helped to develop speech as far as their limitations will allow. This is somewhat specialised work calling for experience in this particular field.

Mrs. Cadman has co-ordinated the speech therapy in Kidderminster, Pershore and Malvern. There is always a heavy case load in these areas and Mrs. Cadman has worked very hard to keep the waiting list within manageable proportions.

Since Mrs. Souch has worked for us full time, much of her work has been done in outlying schools. She is experienced in working in and with schools and this has been particularly valuable in areas where transport difficulties made visits to the clinics almost impossible. Mrs. Souch is also especially interested in working with young multiple handicapped children and has considerable experience of this.

Miss Kelleher has in her short time at Halesowen done much to make the speech therapy service a live, hard working entity.

Considerable thought and effort has gone into work in the remote rural areas and it can now be said that there is no part of the County that has to do without a speech therapist. We are particularly grateful to schools for providing excellent facilities and so much co-operation. They have undertaken practical supervision and have given us every help. We are particularly grateful for their skill and understanding.

Another group of our colleagues to whom we all owe gratitude are the nurses in all branches of the service, health visitors and district nurses and so on. They have a real understanding of speech therapy and how it works and do much to help us and we are always glad of their advice.

We would like to express our very grateful thanks to Dr. McLarty and to Dr. English for their interest, encouragement and support.

We thank all our other colleagues both medical and educational for their help and co-operation over the years.

Speech Therapy Statistics

	Bewdley	Bromsgrove	Cradley	Droitwich	Evesham	Feldon Lane	Highfield Lane	Kidderminster	Malvern	Pershore	Redditch	Rubery	Stourbridge	Stourport	Tenbury	Worcester	Wythall	Special Schools Halesbury	Rhydd Court	Rigby Hall	Stourminster	Vale of Evesham	Training Centres Bromsgrove	Manor Park	The Mount	Tenterfields	Visiting and Admin. Work	Total
Number of Sessions	47	107	60	38	91	68	98	138	132	68	146	32	192	74	33	116	—	34	31	33	29	28	18	12	11	6	323	1965
Total number of Treatments ..	293	592	343	239	778	378	459	1091	689	450	826	148	1090	453	234	465	—	279	262	302	116	194	141	89	82	56	—	10049
Discharged ..	17	28	10	15	18	14	29	33	20	8	29	10	38	12	11	20	—	7	6	6	10	6	1	1	1	—	—	350
Satisfactory Progress ..	12	20	7	12	12	11	8	26	18	7	16	8	28	7	9	18	—	6	5	3	7	5	—	—	1	—	—	246
Trans: Left school or area ..	2	2	2	—	4	2	10	4	1	1	4	2	3	2	—	1	—	1	1	3	1	1	1	1	—	—	—	49
Failed to attend ..	3	6	1	3	2	1	11	3	1	—	9	—	7	3	2	1	—	—	—	—	2	—	—	—	—	—	—	55
Attending 31.12.71	12	24	6	18	32	11	14	36	24	15	48	8	37	18	16	32	—	8	7	9	9	12	12	14	8	9	—	439
Waiting List ..	3	53	25	19	16	23	46	46	33	7	14	15	55	26	4	10	21	—	—	—	—	—	—	—	—	—	—	416
Total of Regular Cases ..	27	58	11	26	50	23	30	68	50	22	74	15	78	32	16	37	—	8	7	9	9	12	12	14	8	9	—	705



Report by C. Starkie, M.D., M.R.C.S., L.R.C.P., B.Sc., D.P.H.  
Divisional School Medical Officer, Kidderminster

It is with great regret and a great sense of personal loss that I record the death after a long illness of Dr. Robert Markham in April, 1971. Dr. Markham was Deputy Divisional Area Medical Officer since 1948. Throughout the whole area his help and kindness were well known and he is greatly missed by us all.

Up to the date of this report (early 1972) the post of Deputy Divisional Medical Officer has not been filled and so the extra work has had to be taken over as far as possible by the Divisional Medical Officer, helped by part-time doctors when available.

The school population has increased from 13,617 in 1970 to 14,201 with a corresponding increases in the demand on the School Health Service.

In accordance with modern ideas of prevention, German Measles Vaccine has been offered to all 12 year old school girls for the first time in this area. The school staffs have co-operated fully with us in this preventive measure and 1,299 children have been given the single injection required. No untoward reactions from the vaccinations were reported and it is now expected that these girls will be immune from German Measles attack—especially important during any future pregnancy.

#### *Milk in Schools*

If a child makes a full attendance and takes  $\frac{1}{2}$  pint of milk daily, then in one year that child consumes in milk approx. 3 lbs. first class protein, approx. 3 lbs. milk fat, approx. 4 lbs. of milk sugar, and approx. 530,000 calories of energy with the important bone forming minerals calcium and phosphorus.

From 1st September, 1971, the free milk in schools for children over 7 years old was stopped. For some children the loss of this milk will be made up from home. I suspect that for many children this considerable loss, particularly of protein and minerals, will not be made up, with results which will not be immediately apparent, but which may be of lasting effect. Perhaps some years hence we shall compare the "free milk" and "non free milk" generation and note the effect of stopping the school milk during this period of very active growth, when approx. 77 lbs is gained, in age group 7-16 years.

Many schools have installed beverage vending machines. Analysis of the various drinks sold shows that they are inferior in protein, fats and minerals to equal amounts of milk, and although inferior in food value the beverages cost more than the same amount of milk.

Possibly some health education, re-thinking and re-direction is required on these matters.

#### *Maintained Special Schools and Centres*

The year has seen a dramatic increase in the number of maintained special schools for slow learning pupils from five to twelve. To the existing five schools (Halesbury, Stourminster and Rigby Hall day schools, the Vale of Evesham boarding/day school and Rhydd Court boarding school) have been added, as a result of the transfer of responsibility to L.E.A.'s for the education of mentally handicapped pupils, seven more schools. These are the Manor Park School, Worcester (formerly Worcester Junior Training Centre), The Blakebrook School (formerly Kidderminster Junior Training Centre), The Mount School (formerly Halesowen Junior Training Centre), The Churchfields School (formerly Bromsgrove Junior Training Centre) and Avonbank School (formerly part of the Evesham all-age Training Centre), the Lea Hospital School, Bromsgrove and the Lea Castle Hospital School, Kidderminster.

It was reported in last year's Report on the Health of the Community that in anticipation of this transfer of responsibility under the Education (Handicapped Children) Act 1970 the L.E.A. had declared its ultimate objective to be the integration of the education of the children in the former junior training centres with children in existing schools for slow learning children. The year has seen progress towards this objective in three directions. The first is at Bromsgrove where a start has been made on building extensions of the Rigby Hall School to which, on their completion the children from Churchfields School (formerly Bromsgrove Junior Training Centre) will be

transferred. The second is at Evesham where a start has been made in planning extensions of the Vale of Evesham Boarding/Day School to which, on their completion, the children from Avonbank School (formerly part of Evesham Training Centre) will be transferred. The third is at Redditch, where there is neither a day special school nor a junior training centre at present, and where therefore the L.E.A. propose to build a single combined school for 145 slow learning pupils (100 educationally sub-normal and 45 mentally handicapped): this project is included in the 1971-72 building programme and the building of it should start in the Spring of 1972.

The year has had its disappointment at the news that the Department of Education and Science has been unable to include the County L.E.A.'s proposed day school for 120 physically handicapped pupils to serve the northern areas of the county in the 1971-72 Design List, but this important project has been re-submitted for inclusion in the 1972-73 Design List. In the meantime the City L.E.A. are pressing on with the design of their day special school for 120 physically handicapped pupils which they hope to start building during the financial year 1972-73: this project is one designed to serve, inter alia, the needs of South Worcestershire as well as the City of Worcester.

Progress has also been made on the provision for maladjusted pupils. Work has started on the alteration of premises at The Mere, Stourbridge to accommodate the proposed two-class day centre for maladjusted pupils serving Halesowen and Stourbridge. Work is also due to start shortly on the alteration of premises in Geraldine Road, Malvern, to provide permanent accommodation for the two class day centre to serve Malvern and Upton districts, which is currently temporarily accommodated in the Malvern Youth Centre. A preliminary survey has also been made of premises to accommodate the next two day centres to be provided in the three year programme. These are at Redditch, to serve the Redditch Education District, and at Stourport, to serve the Stourport, Kidderminster, Bewdley and Tenbury Education Districts, and on which it is hoped to start work during the financial year 1972-73. Premises have yet to be found for the Pershore and Bromsgrove centres due to be provided in 1973-74.





PART IV

ADULT HEALTH

SECTION



## *Nursing Services*

Report by Miss A. Kean, S.R.N., S.C.M., H.V.CERT., D.P.A.

Director of Nursing Services

As might be expected in the intervening period before unification, activity in the community nursing field has been directed towards preparing for the integration of the health service.

October saw the implementation of the nurse management structure, recommended in the Mayston Report, and despite the volume of additional work which this entailed schemes designed to foster closer working relationships both with the general practitioners and hospital service continued to develop.

### *Nurse Management Structure*

The purpose of reorganising the nurse management structure was to introduce levels of nurse management which would relate easily to those in operation in the hospital service.

This was achieved by creating four nursing areas with offices based on Stourbridge, Redditch, Kidderminster and Worcester, each area covering approximately a quarter of the County's population and corresponding roughly to those of the social services department. The four area nursing officers represent the Grade 8, or middle management level of the hospital service. They are responsible for the control and co-ordination of the health visiting, school nursing, district nursing and midwifery services in their areas and each is assisted by three nursing officers who carry a functional responsibility for a particular service either health visiting, nursing or midwifery. These twelve nursing officers together form the No. 7 or first level of management.

In addition to her administrative duties each area nursing officer carries a specialist responsibility, one for health visiting, one for midwifery, one for home nursing and one for internal nursing surveys and research projects. For the three nursing officers whose specialist interest is one of the services, this involves regular meetings with the four nursing officers involved in that discipline. At these meetings the first line nursing officers learn to participate in the recruitment and training programmes relevant to their discipline, to assist in in-service training schemes and to take responsibility for arranging the routine five yearly post-graduate courses. Likewise procedures agreed at the area nursing officers meetings are explained to the first line "functional" managers so ensuring a measure of uniformity in the methods that are adopted in all areas of the County. Basic procedures are recorded for each discipline and are available for reference in each area office.

Regular meetings also take place between the director of nursing services and the area nursing officers when Department of Health and Social Security circulars are discussed, suggestions for developing and improving the new organisation considered and relevant information about the requirements of the service exchanged.

It was not possible to arrange formal management training for the newly appointed officers during the year and a great deal of time and effort has been devoted, by the former superintendents of individual services, to the in-service instruction of the new first line managers.

### *Co-operation with other Services*

#### *General Practitioner Services*

Meanwhile schemes designed to further co-operation with the family doctor service have continued to prosper. Seven health visitors were involved in four new "attachment" schemes during the year, two in Droitwich, one in Wythall and one in Wolverley.

By the end of December, 80.9% of all health visitors engaged on generalised health visiting duties, were working in general practitioner attachment schemes; as were 88% of staff engaged solely on midwifery duties.

Twelve district nurses were involved in seven new schemes which began in Redditch, Evesham and Pershore and by the end of the year 80% of the district nurses were working in this way.

A further six district nurse/midwives entered into attachment schemes for the first time making a total of 66% for the grade of staff.



In the very rural areas, staffed by "triple duties" nurses, discussion with general practitioners has revealed considerable preference for the existing arrangements. The nurse is able to deal quickly with emergencies and trivialities when it might be difficult to get a doctor—or cause him unnecessary journeys. Moreover he is able to draw upon her exceptional knowledge of the local population, and communication between the family doctor and this type of nurse is felt to be outstandingly good.

It is the general rule for attached staff to meet the doctors at regular intervals, sometimes daily. Sixteen health visitors are holding well-baby clinics in the surgeries of fifteen group practices and eight health visitors attend ante-natal clinics in seven group surgeries for parentcraft teaching and social advice.

Four more domiciliary nurses began holding regular sessions in the doctors' surgeries, bringing the total in the county to eight. However, in view of the attraction to married nurses of private employment by general practitioners in part time surgery work it may be expected that this trend will be slow to develop.

The involvement of the majority of midwives in attachment schemes has greatly increased the number of ante-natal clinics they attend. Whereas previously a group of midwives in an area were able to see all their patients at one weekly clinic, they now each attend one or more ante-natal clinic at their respective surgeries. At these clinics, in addition to their own patients, they meet those who are booked for hospital, many of whom they will be attending after discharge, thus greatly increasing the scope of the county midwifery service.

An interesting example of co-operation within the health service occurred towards the end of the year, when, at the invitation of a general practitioner, twelve health visitors undertook to obtain nasal and oral swabs from mothers and babies discharged from the local maternity unit as part of a survey to trace the origin of certain cases of cervical adenitis.

### *Hospital Service*

Relationships between the community and hospital nursing services were greatly strengthened in the Kidderminster area by the opening on the 4th January of a five-day ward for surgical patients. Arrangements were made for the district nursing sisters to visit the ward and meet the patients from their doctors' practices in order to arrange nursing care following their discharge. In March there was a further arrangement whereby the names of patients placed on the surgical waiting lists were notified in advance to the district sisters thus enabling them to visit the patients prior to admission.

Discussions subsequently held between the district sisters and their hospital colleagues to review the progress of the five day ward were greatly facilitated by a scheme, already in progress, for exchange visits between hospital and community staff. By the end of February all district nursing sisters had spent a week in the hospital and during March, April and May, seven hospital sisters spent a similar period on the district.

When they met together to discuss their experiences it was evident that, without exception, they had found the temporary exchange stimulating and enjoyable. With no more than the usual run of problems, the planned early discharged scheme has continued to operate satisfactorily and the type and number of cases treated may be seen on the accompanying sheet.

In September information was received from the Dudley, Stourbridge & district hospital group that plans were being made for the early discharge of selected cases following hernia operation. The opportunity was taken to request early notification of such discharges and it was agreed that this information would be telephoned to the local clinic which was shortly to become the base for the new area office. A supply of sterile dressings for these patients was provided at the clinic, replenishable as necessary, by the hospital central sterile supply depot.

By the end of the year, twenty-six patients had been discharged under this scheme and an extension of the project planned. By this means it is expected that the waiting list for hernia operations will be reduced by 160 in a full year.

Hospital liaison within the midwifery service continued to increase during the year. There are now three domiciliary midwifery units—one at Bromsgrove General Hospital where a ward of 16 beds is available to the local county midwives—who conducted 307 deliveries during the year, the figure for the previous year being 104; another at Mary Stevens Maternity Home, Stourbridge, where labour wards and nursing facilities are available and here 100 deliveries were conducted. In June of this year a further unit was established at Avonside Hospital, Evesham—and 22 deliveries have taken place.



Of the hospital liaison visitors, those dealing with the chronic sick and elderly have formed an active specialist group who, with the assistance of auxiliary nurses, have enabled large numbers of elderly infirm persons to continue being cared for at home.

The success of their work has obviously depended very largely on close co-operation with general practitioners, community sisters, social workers and other para medical services. It is in this situation that area nursing officers, based on health centres, may well provide a focal point for the ad hoc case discussion and informal co-ordinating meetings which are so necessary to disentangle the complex issues which so often arise in dealing with the multiple problem cases.

During the year these "geriatric visitors" organised a successful in-service training course for fifty home nursing auxiliaries. Included among their guest speakers was a general practitioner, a hospital physiotherapist, a mental welfare officer and the chief county chiropodist.

In contrast, the work of the four chest clinic liaison visitors has remained relatively stable. It is interesting to note that contract tracing, tuberculosis visiting and visits to patients with non-tuberculous chest conditions each constituted approximately one third of the total case load.

The work of health visitors attached to paediatric departments has shown a steady increase. Six hospitals are now involved on a routine basis.

Additionally there has been an increasing link with the paediatric department of Lea Castle Hospital—health visitors have been invited to go along with the child and his parents for medical and psychiatric assessment interview. This has proved to be a very rewarding experience for the staff concerned, who have subsequently felt better equipped to fulfil the all important supportive role to such families in the home and community situation.

Co-operation with the hospital service was demonstrated in the steadily increasing commitment of community nursing resources in affording information and experience to student and pupil nurses and midwives.

In the Autumn a new scheme was prepared to meet the needs of the Mid-Worcestershire school of nursing for a community care programme in accordance with the 1969 syllabus. This proposal involves a ten week secondment of nurses in training to the local authority nursing services.

Likewise the Mid-Worcestershire part II midwifery training school for pupil midwives was updated to introduce a greater element of instruction in community care in accordance with the recommendation of the central midwives board.

Health visitors and nursing staff enjoyed the privilege of participating in the regular half day study sessions held at Kidderminster, Bewdley Road, and Barnsley Hall Hospitals throughout the year.

### *Social Services*

In forging stronger links within the health service the need to retain close ties with the local authority services, especially the social services department has not been overlooked. The long established Co-ordinating Committee continues to meet two or three times a year, with however, a changing emphasis—their object now being an overall survey of area problems and their implications. There is a continuing use of the case conference called as the need arises and involving all interested agencies. (General practitioners, teaching staff, youth leaders, clergy etc.)

Luncheon meetings are arranged from time to time in each area. Speakers on relevant subjects are invited to some groups, others prefer the pattern of general discussion on specific topics—when all members have an opportunity to contribute something of their own professional and personal experience. A greater appreciation of other roles and attitudes is thus fostered within the group and must inevitably provide a more understanding basis for professional discussion of problems.

### *Voluntary Services*

Voluntary associations have continued to make their invaluable contribution. Child health centres provide most opportunities, but in Bromsgrove and Redditch, voluntary effort has assumed the major role in the work of two newly formed mother's clubs.

Meanwhile the work involved in the recruitment and in-service training of all grades of staff continued despite the extreme pressure resulting from the creating of a new nurse management system. In order to up-date the knowledge and techniques of staff who had received training prior to 1969 two short courses in the screening of hearing took place at Halesowen and Malvern. Some twenty members of staff participated, the instruction being given by the audiometric health visitors. These two courses proved very popular and it is hoped to arrange similar courses each year. Similarly a very successful five day course on "Preparation for Childbirth" was presented at Morton House to a mixed audience of midwives and health visitors and this too will be repeated.

Results of discharges from Five-Day Ward at Kid derminster General Hospital January-December 1971

	Group Practice 1	Group Practice 2	Group Practice 3	Group Practice 4	Group Practice 5	Group Practice 6	Group Practice 7	Group Practice 8	Group Practice 9	Total
Appendicectomies .. ..	1	—	—	—	2	—	—	2	—	5
Aspirations—Swellings .. ..	—	—	—	—	—	—	1	—	—	1
Amputation of Toe .. ..	—	—	—	—	—	1	—	—	1	2
Biopsy—Glands—Breast .. ..	3	3	6	2	3	14	4	3	10	48
Burst Abdomen .. ..	—	—	1	—	—	—	—	—	—	1
Bone Grafts .. ..	—	—	—	—	—	—	—	—	1	1
Blood Transfusion .. ..	—	—	—	2	—	—	1	1	—	4
Cerebro-Vascular Accident .. ..	1	—	—	—	—	—	—	—	—	1
Circumcision .. ..	3	2	1	—	—	3	—	—	2	9
Correction of Hammer Toes .. ..	—	—	—	1	—	2	1	2	—	6
Cholecystectomies .. ..	—	—	—	1	—	—	—	—	—	1
D. & C. .. ..	—	—	1	1	—	—	—	1	—	3
Exc. of Head Radius .. ..	—	1	—	—	—	—	—	—	—	1
Exc. of Nail Beds .. ..	2	—	—	—	—	—	—	—	—	2
Exc. of Rectal Sinuses .. ..	—	—	2	1	—	—	—	—	1	4
Exc. of Fistula, etc. .. ..	—	—	—	—	—	—	2	—	—	2
Exc. of Caloneal Spur .. ..	—	—	—	2	—	2	—	—	—	4
Exc. Dupuytrens Contraction .. ..	—	—	—	—	—	—	—	—	1	1
Exploration of Knee .. ..	—	—	—	—	—	—	—	1	—	1
Gastrosopies .. ..	—	—	—	—	1	—	—	1	—	2
Haemorrhoidectomies .. ..	—	—	1	—	2	—	1	2	1	7
Head Injuries .. ..	—	—	—	—	—	—	—	—	2	2
Insertion Catheters—Washout .. ..	2	—	—	—	—	—	—	—	—	2
Incomplete Abortions .. ..	—	—	1	—	—	—	—	—	—	1
Kellers Operation .. ..	5	—	5	2	4	4	6	1	3	30
Menisectomies .. ..	2	—	5	5	—	4	2	3	—	21
Orchidectomies .. ..	—	—	—	2	—	1	—	—	—	3
Patellectomies .. ..	—	—	—	—	—	1	—	—	1	2
Paracentesis .. ..	—	—	—	—	—	—	1	2	—	3
Remove Nails, Plates, Screws .. ..	4	2	3	1	5	3	—	—	1	21
Repair of Hernias .. ..	13	18	21	15	9	9	6	21	18	130
Repair of Tendons .. ..	1	—	2	—	—	1	—	—	—	4
Retention of Urine .. ..	—	—	—	—	1	—	—	—	1	2
Remove Bone Fragments .. ..	—	—	—	—	2	—	—	—	—	2
Remove Toe and Finger Nails .. ..	—	—	—	—	—	—	2	—	—	2
Skin Grafts .. ..	—	1	—	—	—	—	—	—	—	1
Sequestrectomy .. ..	—	1	1	—	—	—	—	—	—	2
Straighten Leg and Plaster .. ..	—	—	1	—	—	—	—	—	—	1
Torek Operation .. ..	1	—	—	—	—	—	—	—	—	1
Thierschs Operation .. ..	—	—	1	—	—	—	—	—	—	1
Termination Pregnancies .. ..	—	—	—	2	—	—	—	—	—	2
Vein Strips .. ..	10	3	4	5	5	9	4	13	9	62
Vasectomy .. ..	—	—	—	1	2	—	—	—	—	3
Total .. ..	48	31	56	43	36	54	31	53	52	404
Discharges Home .. ..	44	30	51	38	31	51	31	48	49	373
Discharges to Other Wards, Convalescent Homes .. ..	4	1	5	6	5	3	—	4	3	31
Patients under 65 .. ..	42	25	52	34	33	52	29	38	40	345





### *Care of the Unmarried Mother*

Under the new legislation, the care of the unmarried mother and her child was transferred to the social services department. This work had previously been undertaken by the Worcestershire diocesan association for family and social service as agents of the County Council.

### *Family Planning Clinics*

Number of clinics at 31st December 1971 — 13.

Attendances	1971	1970
New Patients	2287	1906
Individuals attending clinics	6141	4536
Total Attendances (including visits for supplies only)	18491	13667
Number of clinic sessions (General)	770	617
Number of clinic sessions (Fitting Intra-Uterine Device)	155	89
Total number of Sessions	925	706

### *Cervical Cytology*

The attendances at County Clinics have again dropped from a total of 2,657 to 2,271.

The decrease in the numbers attending these clinics is in line with what is occurring in other parts of the country. These figures include recall tests which have been undertaken prior to the national recall system which is being instituted at the beginning of next year.

All patients attending the clinics are offered breast examinations and almost all patients avail themselves of this additional service.

The number of positive cases was 0.31 % as compared with 0.15 % in 1970. The number of suspicious cases was 0.22 % as against 0.18 % in the previous year.

The following table gives a breakdown of attendances:

Clinic	Attendances	Suspicious	Positive
Worcester City and County ...	521	—	3
Stourbridge ... ..	407	2	—
Halesowen ... ..	434	—	3
Bromsgrove ... ..	158	1	—
Kidderminster ... ..	318	2	1
Redditch ... ..	143	—	—
Wythall ... ..	68	—	—
Evesham ... ..	222	—	—

### *Marriage Guidance*

A grant was made to the Worcestershire Marriage Guidance Council during the year.



### *Ante-natal Clinics*

There are no ante-natal clinics with a medical officer in attendance. Some midwives hold their own ante-natal clinics and others carry out joint sessions with general practitioners. A total of 49 midwives' clinics were active during the year. 41 of these were held in general practitioners surgeries. Sessions held totalled 2,079.

### *Relaxation and Parentcraft Classes*

These clinics continue to fulfil a very useful purpose. They are well attended and the relaxation classes prove their value during labour. The following table gives attendance details:

Clinic	New Cases		Attendances	
	1971	1970	1971	1970
Bewdley	58	44	232	217
Bromsgrove	130	121	417	421
Catshill	43	52	223	382
Cradley	35	33	115	89
Droitwich	58	44	174	189
Evesham	193	168	1018	1070
Halesowen (Highfield Lane)	117	145	427	494
Halesowen (Blackheath)	52	31	159	162
Kidderminster	146	161	565	468
Lye	34	34	134	146
Malvern	153	109	574	446
Pedmore	41	54	154	183
Pershore	31	41	73	124
Redditch	133	165	810	950
Rubery	79	69	336	407
Stourbridge	141	121	471	468
Stourport	127	103	822	648
Tenbury	14	21	81	111
Upton-on-Severn	34	17	108	48
Wythall	34	44	221	264
Worcester County	16	11	67	59
Kidderminster (Drs. Surgery)	126	—	184	—

### *Maternal Deaths*

Although no maternal death occurred in the County during 1971 directly attributable to pregnancy there was one death due to bronchopneumonia in a patient with aplastic anaemia which presented at 30 weeks pregnancy. The patient died five hours after delivering at 32 weeks. The baby also died shortly after birth.

### *Registration of Nursing Homes under the Public Health Act, 1936, as amended by the Nursing Homes Act, 1963*

There are 11 registered nursing homes giving a total of 189 beds.

### *Long Stay Immigrants*

138 notifications were received from medical officers of ports and airports of immigrants giving destination addresses in the County. Contact was established with 113 of these to advise them on the local health services and ensure their registration with local doctors.

### *X-Ray of Teachers and School Staff*

The Mass Radiography Service undertook routine chest x-rays of Teachers and School Staff in June and July, when sixteen cases of abnormality were discovered.

### *Ambulance Service*

An active year has again been experienced by the ambulance service.

Taking the service as a whole, 185,458 patients were conveyed by ambulance, hospital and hire cars as against 165,522 patients during 1970, an increase of 19,936. The road miles covered were 1,448,595 as against 1,316,890 during 1970, an increase of 131,705.

On the 1st November, 1971 a productivity scheme for ambulance crewmen became operational. This scheme had required a detailed study of the problems and advantages which were involved both from the employer and employee standpoint. Following the study a further period of negotiation with all interested parties was embarked upon. In this matter the Management Services staff played a prominent part and we were grateful to them for their help and co-operation. The pattern of the plan required the identification of areas of savings in relation to demand and manning. The system now enables a concentration of crew availability into times of maximum load at the expense of systematic over-time and unnecessary system of night cover duties. It is planned to reduce the labour force by 14 men and produce economies of £36,000 per annum of which £30,000 is repaid in the form of bonuses.

### *Ambulance use*

Under Section 27 of the National Health Service Act, the number of persons carried during the years was 132,317 as against 127,210 during 1970, an increase of 5,107.

The average number of miles per case was 6.3 as compared with 6.9 during 1970.

Rail transport was used for 106 patients, as compared with the previous year of 126 patients, the main reason for this being the reduction of railway facilities.

### *Hospital and Hire Car Service*

In the case of the hospital car service 48,438 patients were carried as against 37,595 during 1970, an increase of 10,843 and the road miles covered were 559,701 as against 421,965 during 1970, an increase of 137,736.

With hire cars 4,703 patients were carried as against 717 during 1970, an increase of 3,986 and the road miles covered were 47,011 as against 6,583, an increase of 40,428.

We are most grateful to all the hospital car drivers who have rallied round so magnificently in order to maintain an efficient service, which is a most useful and necessary auxiliary to the ambulance service. The number of drivers remained fairly constant.

### *Worcester City and District Voluntary Ambulance Service*

The services operated by the Worcester City and District Voluntary Committee on behalf of both the City and County local health authorities. The County Ambulance Officer, who is also the Ambulance Officer for the Voluntary Committee, reports that during the year 3,010 County cases were conveyed covering a total of 44,539 miles compared with 2,555 cases and 38,665 miles in 1970.

Close liaison and co-operation has been maintained between the Voluntary Committee and the county ambulance control to eliminate wasted mileage and journeys.

Throughout the year there were very few volunteers undertaking duties at any of the county ambulance stations and although it was possible to arrange escorts for patients travelling by rail, in many instances we had to call upon volunteer control staff to carry out this function on their days off, and their willing co-operation is appreciated.

It must be remembered that a considerable number of volunteers from the St. John Ambulance Brigade and the British Red Cross Society attend at the ambulance station in Worcester. This station is operated by the Worcester City and District Voluntary Committee on behalf of both the City and County local authorities and to them I am grateful for all the assistance that has been freely given.



## New Ambulances

The Health Committee agreed to purchase five sitting case ambulances based on the Ford 25 cwt. customs van, three Land Rovers and one single stretcher car conversion.

A Course of one week was commenced in November 1971, which all members of the operational staff of the service will have attended by the 31st March 1972. The training consisted of general revision—anatomy and physiology of the body, rescue procedures, specialised equipment, driving, handling of dangerous substances, hygiene and medical terminology.

A one-week course was held at Pershore for potential instructors. Twelve personnel were given instruction on this subject, with a view to assessing the potentiality for the national course at a later date.

The County Ambulance Officer attended a one-week course at Minehead on management communications and personnel training, and a one-week course at Easingwold on civil defence planning.

Four ambulancemen attended a two-week interim course and three new recruits attended the six-week course at the Birmingham ambulance training school.

An Ambulance Training Officer also attended this school as a course tutor for one two-week period.

An evening study course leading to graduate membership of the Institute of Ambulance Officers was arranged at Worcester, and four members of the staff attained graduate membership diplomas.

Courses on first aid were arranged for other County Council Departments, including highways staff working on the motorway

Numerous courses and lectures have been given to schools and other public associations, on the ambulance service and first aid subjects.

Four courses were arranged for nurses under training at Worcester hospitals on lifting and handling and first aid. Arrangements were also made for hospital staffs to visit central control and operational stations as part of their induction training.

### Ambulance Service Vehicles and Driver Attendants Employed at 31st December, 1971

Ambulance Station	Number of Ambulances	Driver Attendants	
		Whole Time	Part Time
Bromsgrove ... ..	6	13	—
Control (H.Q.) ... ..	3	5†*	—
Evesham ... ..	6	16	—
Halesowen ... ..	6	14	—
Kidderminster ... ..	7	15	—
Malvern ... ..	6	14	—
Pershore ... ..	2	3	1
Redditch ... ..	6	14	—
Stourbridge ... ..	6	16	—
Tenbury ... ..	1	—	3
Wythall ... ..	1	—	Agency
TOTAL ...	50	110	4

Tenbury: During the hours between 8 a.m. and 5.30 p.m. Mondays to Fridays and 8 a.m. to 12.30 p.m. on Saturday the Ambulance Service is operated on an agency basis.  
The part-time men taking over at nights and week-ends.

†Including one Relief Deputy Supervisor.

\*Including County Relief Driver Attendants.

Additional Vehicles—One Major Disaster Equipment Vehicle.

One Major Disaster Control Vehicle.

Stationed at Kidderminster and Bromsgrove respectively.

*Ambulance Service*  
*Cases Conveyed and Mileage Covered by Ambulance, Hospital and Hire Cars*

Month		A. Ambulance				B. Hospital Cars				C. Hire Cars					
		Cases		Miles		Cases		Miles		Cases		Miles			
		1970	1971	1970	1971	1970	1971	1970	1971	1970	1971	1970	1971		
January	..	..	..	11782	10007	83284	68309	1838	4703	23360	52045	71	34	648	423
February	..	..	..	10975	9462	75632	58835	2049	4628	22918	51411	78	78	646	559
March	..	..	..	10996	10764	74346	68121	2112	5063	24939	53395	87	60	865	500
April	..	..	..	12090	10693	82663	68408	2240	3709	26858	47098	66	133	436	1697
May	..	..	..	11493	11337	80385	71173	2285	3589	26737	43381	89	257	700	2174
June	..	..	..	12663	11816	82670	69157	2572	3995	31914	48451	58	393	688	3724
July	..	..	..	12478	11261	83988	69506	2493	4404	30862	49638	49	618	513	5424
August	..	..	..	11122	10102	75657	63856	2216	3742	30123	41726	41	561	424	5840
September	..	..	..	11747	10841	78318	77064	3356	3880	40443	45892	26	725	329	7836
October	..	..	..	5109	11385	54141	70299	6255	3840	59643	45135	53	677	583	6428
November	..	..	..	7231	12932	54125	80184	5445	3530	53615	43214	49	672	295	6769
December	..	..	..	9524	11717	63133	76971	4734	3355	50553	38315	50	495	456	5637
Total	..	..	..	127210	132317	888342	841883	37595	48438	421965	559701	717	4703	6583	47011



## *Health Education*

Report by Mr. J. N. Pitts, DIP. H. ED. (LOND.), Health Education Officer.

### *Staff*

The establishment remained unchanged with three full time Health Educators, 1 part-time clerk and 1 part-time projectionist. The absence through illhealth from September onwards of Miss. L. Mee meant that a number of school programmes had to be cancelled.

Miss. L. Cartwright successfully completed a City and Guilds Course in "Education Technology" at Bromsgrove College of Further Education and as a result has produced a programmed learning package on "Foot Health." Further programmes are under preparation.

### *Audio Visual Material*

#### *Television*

The purchase of a video tape recording system was completed. The child guidance section, which initiated the purchase, the audiometric service and the health education section each see value in its use, and the first programmes produced by Mr. Stanton will shortly be used for in-service training.

#### *Films*

Additions to the library include a new film, produced in Wolverhampton, on drug abuse. The film is directed at 14-16 year old children.

Films on Antenatal Care and Cancer Education were also purchased.

The Slide and filmstrip library continues to expand and, with reel and cassette recorders, film loops, overhead projector transparencies, there is now a useful amount of material for use by staff and by schools.

### *Topics*

#### *Pre-Retirement*

A Course for County Council employees approaching retirement was conducted in co-operation with the Clerk's Department. There is also active participation in a pre-retirement exhibition to be held in Malvern in mid 1972.

#### *Drugs*

Two meetings of people concerned with drug abuse were convened. As a result, and now in process of arrangement, a Day Conference for College and School Teachers will be held during 1972.

#### *Venereal Disease*

The rising incidence of these diseases, now more suitably described as sexually transmitted disease, necessitated greater health education priority. Talks and discussions with school leavers and further education students increased considerably.

#### *Home Safety*

In addition to the usual call for talks to Women's Institutes, Old People's Clubs etc; a well attended exhibition was held at Bromsgrove. Close liaison continues with the Worcester City and County Home Safety Committee and assistance given with its campaigns.

### *Health Education in Schools and Colleges*

The health education course at Shenstone College of Education continued to expand. At Bromsgrove College of Further Education a series of talks was arranged for the medical secretaries course and help given with the nursery nurses and police cadet courses. Lectures were given at the Police Training College, and the Nurses Training Schools at Worcester and Bromsgrove made use of health education staff and material.

Twenty five secondary schools sought assistance in programmes of health education, varying from regular weekly sessions to the occasional talk on a specialist subject. There has been more interest in the anti-smoking campaign, stimulated by the increased activities of the Health Education Council and other organisations during the year.

Comprehensive health education courses were continued at three special schools.

It was not possible to extend health education work in primary schools, but now that a start has been made on the production of learning packages, it is anticipated there will be much more activity at this level.



## *Chiropody Service*

Report by Mr. H. D. Price, M.Ch.S., S.R.Ch., Chief Chiropodist

The number of treatments given under the directly provided County scheme has increased from 2,121 in 1960 (nine months) to 23,180 in 1971. The total number of cases referred since the start of the scheme is 10,490.

During 1971 the Service was given at 16 clinics or hired premises throughout the County and in private surgeries in five areas.

The number of new cases referred during the year was 1,317, of which, for one reason or another, 110 did not accept the appointment. There were 271 on the waiting list at the end of the year.

The number of persons who received treatment was 5,144. Of the 23,180 treatments given, 11,425 were at clinics, 6,862 at home and 4,893 at chiropodists' own surgeries. The number of treatments in 1970 was 21,218.

The voluntary organisations to which grants are made—the British Red Cross Society and the W.R.V.S.—together provide a service giving about 1,500 treatments per annum.

The demands on the chiropody service in Worcestershire are reflected in the treatment figures of 23,180 for 1971, compared with 2,121 in 1960 (nine months) when the service first started. The essential function of the service, devoted primarily to the elderly and physically handicapped, is that it helps to keep a person mobile and therefore independent but it is extremely doubtful if that state of utopia will ever be reached where all who require treatment do in fact receive it. Shortage of manpower has hindered the development of the service but this year, there has been an encouraging increase in full-time staff by the appointment of Mrs. Hart, Mr. Pearson and Miss Hughes. Mr. Pearson was formerly a sessional chiropodist with the County so this was not a complete gain but nevertheless was a welcome addition, since the services of another sessional Chiropodist were lost during the year.

Potential staff are undoubtedly attracted by pleasant working conditions and the expansion of the health centre programme in Worcestershire with the replacement of some of the older types of clinic may do much to attract staff. Newly qualified chiropodists especially, wish to exercise their full range of skills and the emphasis on the chiropodists role in maintaining mobility in the elderly, tends to obscure the fact that in his three year course of training he is taught to recognise symptoms of functional disturbance and to treat, prevent or refer. It is to be hoped, therefore, that, in the future, the chiropodist will become involved in maintaining foot health not only in the elderly but also in the young. I am sure he has an important part to play in this sphere.

During 1971 there has been an increasing participation in health education activities. Talks were given at Senior Citizens Clubs on the subject of foot health in the elderly and also at infant welfare clinics on the subject of children's feet. This is important work and it is well received. The help given by Mr. Pitts, Health Education Officer, is appreciated.

The appliance scheme which was started in 1970, is now firmly established and proving very effective. Casts and prescriptions are sent to the Westhill Clinic for fabrication and one session per week is given to this work which is carried out by Mr. Cottingham, a senior chiropodist.

I should like to acknowledge the continuing help and co-operation of other health personnel and particularly to thank the geriatric health visitors whose help has been essential in providing a co-ordinated service to the patient.

## *Convalescence*

During the year a total of 305 patients supported by a medical certificate were referred for periods of convalescence. Of this number 229 were eligible under the approved assessment scheme and proceeded on convalescence to various seaside homes and a few to local homes, the average stay for each being two weeks. The financial circumstances of some of the remaining 76 cases were such that they could not be accepted, but it was possible in many instances to assist with arrangements for private convalescence and with a number of societies who have convalescent schemes. Other cases were either withdrawn or were found to be unsuitable.

Transport to proceed on convalescence was arranged when it was recommended.

Ground floor accommodation in convalescent homes is still in short supply and in some cases patients had to wait a little while before being placed.



### *Medical Aids*

This service continues to expand and from the demands now being made by the nursing staff and in particular the geriatric health visitors for apparatus to issue to patients, this trend will continue.

To avoid confusion in the future it might well be necessary to convene a meeting of all interested parties in order to seek agreement on a common policy. Such agreement could clarify the position for the benefit of patients who could well be confused at the number of disciplines dealing with equipment.

The assistance of the British Red Cross Society and St. John Ambulance Brigade in the distribution of medical aid equipment from various depots throughout the County is again very much appreciated.

### *Occupational Therapy*

The work of the Department continues to expand, although there is generally a lack of awareness of recent trends in this field. No longer does the domiciliary occupational therapist knit, knot, tat or crochet. The department is primarily concerned with the rehabilitation of the disabled patient through:-

1. Functional assessment - whether the patient can cope, both physically and mentally, with the demands of normal life, involving both work and leisure activities. Problems often occur when a patient returns home from hospital, and these can only be solved in his normal environment.
2. Activities of daily living (A.D.L.) - ensuring the patients can dress, feed, wash and toilet himself, with the help of mechanical aids if necessary. Other difficulties may be found in the kitchen, preparing food, doing housework, gardening, shopping, in using public transport, with communication, writing, etc., or in returning to work.
3. Recommendations on housing design and alterations for patients with specific difficulties.
4. Therapeutic activities - involving advice to patients and their families on activities aimed at increasing muscle use and movement ability, thus maintaining and improving function, which activities may also give an interest, some remuneration, and social contacts to the housebound patient.
5. Liaison with colleagues in the health and social services departments is carried out, to ensure that the patients needs are fully recognised, and difficulties overcome where possible.

The following are but a few of the type of patients that have been seen in the past year, and their difficulties are typical of many disabled people, although solutions may differ.

Mrs. P. Disseminated Sclerosis. She moved into a flat on her own, which previously was occupied by a disabled person, and therefore already had ramps, and concertina door, and was organised for a wheelchair. Her chief difficulties were:

getting in and out of bed.

getting on and off the toilet.

Co-operation from all departments resulted in a pulley system being set up to enable her to get on and off her bed. She now also has a ripple mattress. With further co-operation, an overhead gantry pole and chain was set up at the side of the toilet, and the hand basin removed, to enable a wheelchair to go in beside the pan, so she can swing from chair to toilet. A foot block has been installed to keep feet and legs stable during transfer.

Mrs. G. Generalised Rheumatoid Arthritis. She has had two courses of hospital treatment recently and while in hospital it was suggested she required bath aids. Since discharge her difficulties have increased:

A.D.L.—getting in/out of the bath, on/off toilet, in/out of easy chair, turning taps, using cutlery

Communication—using public transport, and walking any distance.



She has been supplied with bath board, inside seat and non-slip mat as suggested, also raised toilet seat, chair blocks to raise easy chair 4", all these to prevent further strain on and damage to hips, knees and ankles. Cutlery was padded to improve grip, and long-handled tap turner supplied. As her mobility has deteriorated, it has been suggested that she should have a wheelchair.

Mr. S. Agoraphobia. Has had psychiatric treatment, and has progressed from being completely to partially housebound. While in hospital he learnt printing. The department hoped:

- to increase his confidence in moving outside the home
- to develop social contacts and
- encourage independence.

He was supplied with a small printing press, having already achieved some success in this field in hospital. His need for printing orders encouraged him to venture from home, and he now moves freely within the confines of his village, including visits to the local pub! Social contacts have developed as a result of his increased activity, and his printing has provided him with a small income. He hopes to have a larger machine soon, through an army benevolent fund.

Mr. A. Head Injury, following a motorcycle accident. He is a young man, with disabilities including a speech defect, paralysis of right hand, and hemiparesis of right leg. He was alone much of the day, as mother out working and father on night work sleeping during the day. His previous occupation was a fork-lift truck driver. His difficulties were:

Communication - both verbal and written, as he was right handed, and now needed to learn to use the left hand.

A.D.L. - eating, dressing with one hand, bathing.

Retraining in sound work habits, and increasing social contacts, while awaiting vocational training.

His A.D.L. difficulties were discussed, advice given on dressing and training given on the use of bath board and seat, and eating with a Nelson knife. The craft of Mosaics was used to develop manual dexterity and concentration whilst at home, and he also attended a day centre, where he learnt to do stool seating to further his dexterity, and increase social contacts. Further treatment involved physiotherapy twice weekly, and speech therapy.

During the past year, Mrs. O'Neill attended the International Seminar of the British Council for the Rehabilitation of the Disabled in Edinburgh. The subject was "Rehabilitation - a unified concept", and many lectures and discussions were held to consider the service available for the disabled in all countries, and the use to which these services were put. A very interesting and useful display of aids available in this and other countries was also held.

All the occupational therapy staff attended the one day lecture and demonstration of clothing for the disabled, sponsored by the Disabled Living Foundation in November at West Bromwich.

At present the department is staffed by Mrs. O'Neill, full-time, and Mrs. Brown, Mrs. Cook and Mrs. Raper, in a part-time capacity. It is hoped to strengthen the staff in the new financial year, to cope with the increasing demands made on the service.

### *Tuberculosis*

Report by Dr. R. C. Cronin, M.B., CH.B., M.R.C.S., L.R.C.P., Chest Physician to the Birmingham Regional Hospital Board and Senior Consultant Chest Physician to the Local Health Authority

The Tables for notification and death rates for tuberculosis in 1971 show a small but welcome drop in the rate of new cases notified. The figure of 59 new cases for the whole County is the lowest ever recorded. Measures for case finding and treatment are still being vigorously carried out. The newer chemotherapeutic agents are becoming firmly established and make sputum conversion more certainly attainable, even in cases that were previously drug resistant. It is hoped that this downward trend will now continue.



Table I

*Tuberculosis Rates/1,000 Population*

Years	Notifications	Deaths
1920—24	1.52	0.92
1925—29	1.44	0.80
1930—34	1.46	0.78
1935—39	1.23	0.63
1940—44	0.96	0.55
1945—49	0.85	0.48
1950—54	0.87	0.23
1955—59	0.58	0.10
1960—64	0.31	0.05
1965	0.23	0.02
1966	0.15	0.03
1967	0.16	0.05
1968	0.14	0.04
1969	0.16	0.02
1970	0.14	0.02
1971	0.13	0.02

Table II

*Notification and Death Rates in Districts 1971*

Population	District	Notification rate per 1,000 population	Death Rate per 1,000 population	Total Cases notified	Total Deaths
7,340	Bewdley Borough ...	—	—	0	0
40,730	Bromsgrove Urban ...	.05	—	2	0
12,680	Droitwich Borough ...	.32	—	4	0
13,910	Evesham Borough ...	.07	—	1	0
53,990	Halesowen Borough ...	.09	.02	5	1
47,640	Kidderminster Borough ...	.08	—	4	0
30,380	Malvern Urban ...	.10	—	3	0
41,160	Redditch Urban ...	.10	.02	4	1
54,700	Stourbridge Borough ...	.37	.04	20	2
18,140	Stourport-on-Severn Urban...	.11	—	2	0
36,200	Bromsgrove Rural ...	.11	—	4	0
15,010	Droitwich Rural ...	—	.06	0	1
20,100	Evesham Rural ...	.20	—	4	0
12,980	Kidderminster Rural ...	—	—	0	0
13,100	Martley Rural ...	.15	.08	2	1
20,560	Pershore Rural ...	.05	—	1	0
5,410	Tenbury Rural ...	.37	—	2	0
15,490	Upton-on-Severn Rural ...	.06	.06	1	1
459,520	Whole County ...	.13	.02	59	7

*Medical Examination of Entrants to Courses of Training for Teachers and to the Teaching Profession*

During the course of the year 335 females and 140 males were examined for college of education entry.

Eight females and seven males were examined to enable them to undertake temporary supply teaching duties.

None were found to be medically unfit.

*Venereal Diseases—Statistical Table*

The following information has been supplied by the hospitals at which the patients attended:

Treatment Centre				Number of new Worcestershire cases in year			
				Syphilis	Gon.	Other conditions	Total
Worcester	...	...	...	1	107	324	432
Birmingham	.....	.....	.....	1	81	228	310
Dudley	...	...	...	1	29	104	134
Totals	1971	...		3	217	656	876
	1970	...		4	134	520	658
	1969	...		8	124	450	582
	1968	...		5	100	443	548
	1967	...		5	81	368	454
	1966	...		9	90	364	463
	1965	...		23	102	374	499
	1964	...		9	94	391	494
	1963	...		10	64	311	385
	1962	...		12	44	284	340
	1961	...		14	64	283	361
	1960	...		11	57	196	264
	1959	...		13	27	250	290
	1958	...		18	37	165	220
	1957	...		17	34	190	241
	1956	...		16	33	230	279
	1955	...		16	31	191	238
	1954	...		34	29	247	310
	1953	...		46	61	285	392
	1952	...		53	78	271	402
	1951	...		54	44	259	357
	1950	...		42	52	279	373





PART V

GENERAL PUBLIC HEALTH  
SECTION

(including Environmental Health)



*Environmental Health Services*

Report by

R. Colenso, M.R.S.H., F.I.P.H.E., F.A.P.H.I.

County Public Health Inspector

Milk and Dairies Administration

During 1971 the number of dairy farms was 662 and the number of producer retailers was 18. Approximately 223 gallons of milk were retailed daily.

One hundred and two samples of milk being sold by producer retailers were tested and of this number fifteen failed to pass the methylene blue test.

Thirty four new licenses to retail milk (pre-packed) were issued under the Milk (Special Designation) Regulations. There were 276 licenses in force at the end of the year.

Place of Collection	No. Taken	Phosphatase Test		Methylene Blue Test		
		Pass	Fail	Pass	Fail	Void
Schools ... ..	217	217	0	180	7	30
Children's Homes ...	4	4	0	4	0	0
Old People's Homes ...	1	1	0	1	0	0
Training Centres ...	1	1	0	1	0	0
Hospitals ... ..	6	6	0	6	0	0
Vending Machines, Shops and Roundsmen ...	505	505	0	505	0	0
Totals ... ..	734	734	0	697	7	30

*Sterilised Milk*

All 40 samples of sterilised milks passed the statutory turbidity test.

*Ultra Heat Treated Milk*

5 samples were taken and passed the appropriate test.

*Bacteriological Examination of Fresh Cream*

An investigation into the bacteriological quality of fresh cream on sale in Worcestershire was initiated in 1964 by the County Public Health Sub-Committee, in co-operation with the Worcester Public Health Laboratory.

In 1966 a report was issued which stated that most creams were of poor bacteriological quality. The evidence indicated a high degree of post-pasteurisation contamination. This report received wide publicity, both in the national newspapers and amongst the trade. Possibly, as a result, the matter was not shelved, as had happened after an earlier report in 1958.

Further investigations undertaken by other Laboratories and county health departments, showed a similar situation elsewhere in the country. A working party was set up consisting of the Directors of a number of Public Health Laboratories, with Dr. R. J. Henderson of Worcester as Chairman. 5,184 samples of cream were taken by the health departments in England, Wales and Northern Ireland. The survey confirmed the findings of previous investigators.

The Ministry of Agriculture, Fisheries and Food have now issued Circular FSH 2/71. It recommends that samples of cream should be subjected to a methylene blue test. Those samples which did not decolourise in four hours will be considered "satisfactory" and those in  $\frac{1}{2}$ -4 hours as "fairly satisfactory". This test will be a screening or advisory one and have no penal function. If samples from the same source repeatedly decolourise methylene blue after overnight incubation consultations should be arranged between the analyst, the laboratory and the dairy, perhaps with inspection of the dairy premises and retail storage conditions in an effort to eradicate production or handling faults.

Thirty eight samples of cream were taken, particularly in the latter half of the year. Nineteen samples were satisfactory, 5 fairly satisfactory and 14 were unsatisfactory. It is hoped to improve on these proportions in 1972.

Myco Tuberculosis

177 samples of milk were injected into guinea pigs. Subsequent biological examination gave negative results for myco tuberculosis. The Ministry of Agriculture inspected 24,193 animals in the County in 1971. In this number there were three reactors, none of which showed lesions.

Rickettsia (Q Fever)

District	Total Milk Samples Tested	No. positive for Q Fever	% Positive
Pershore R.D.	15	5	33
Upton R.D. & Malvern U.D.	44	7	16
Bromsgrove R.D.	35	4	11
Droitwich R.D.	23	4	17
Evesham R.D.	17	4	23
Martley R.D.	16	3	18
Redditch U.D.	5	3	60
Tenbury R.D.	16	2	12
Halesowen, Stourbridge, Bewdley & Kidderminster	6	1	17
Totals	177	32	18

Brucella Abortus

In 1971, 845 samples of milk were examined for the presence of brucellosis. Positive samples are passed for biological examinations. On a positive report farmers are offered help in ascertaining, which are the infected animals, on the understanding that they will send them for slaughter when it is economically reasonable to do so. Fourteen herds were investigated. The following table shows the position, on biological examination, for each of the last 10 years.

Year	No. of samples examined	No. of Herds	No. samples negative	No. samples positive	No. herds infected	Void Report
1962	169	—	168	1 (0.59 %)	—	—
1963	380	—	363	17 (4.5 %)	—	—
1964	448	—	424	11 (2.5 %)	—	13
1965	517	—	470	27 (5.22 %)	—	20
1966	563	—	534	25 (4.77 %)	—	4
1967	799	—	762	34 (4.25 %)	—	3
1968	761	397	724	37 (4.99 %)	—	—
1969	756	545	704	52 (6.88 %)	41	1
1970	850	686	708	101 (11.88 %)	88	41
1971	845	705	722	120 (14.20 %)	107	3

By December, 1971, under the Ministry of Agriculture’s schemes for the elimination of brucellosis there were 276 herds participating. Of this total there were 142 (104 dairy, 31 beef, 7 mixed and 2 heifer rearers) which were fully accredited. The Ministry’s eradication scheme commenced in 1967.



Antibiotics in Milk

The following table shows the number of samples taken in the past nine years:-

Year	No. samples	No. of positive samples	
		above 0.05 Int U/ml	0.05 Int U/ml or below
1963	62	—	6
1964	423	—	15
1965	294	—	7
1966	194	0	0
1967	293	0	0
1968	475	0	3
1969	613	0	9
1970	732	3	8
1971	728	4	16

All positive samples were from milk which would have been subjected to heat treatment. This would have caused the antibiotic presence to have been either destroyed completely or materially reduced. Nevertheless, more care must be excercised by farmers in the use of antibiotics in the treatment of disease in their animals; in particular, milk from animals undergoing antibiotic treatment for disease must not be included for sale from any animal for the requisite length of time (48 hours or 96 hours or 21 days depending on the antibiotic preparation used) after treatment.

It has been the practice during the last nine years, since sampling started, for the farmer to be told immediately when a sample of milk is reported as positive for antibiotics. He is warned of the risk to public health and told of his legal position. This is confirmed by letter. Follow-up samples are taken. These are invariably negative. The co-operation of the Secretary of the Worcestershire Branch of the National Farmers Union has also been sought from time to time and he has been kept informed of the statistical position.

Diseases of Animals

130 reports of anthrax were investigated, of which 4 were shown to be positive. Eighty-three reports of fowl pest in the county were investigated and 74 were found to be positive.

The importance of the proper control of zoonoses and the continuing need for a close working relationship between the disciplines involved was illustrated during the investigation of the death of a man in the county from psittacosis. Prevention measures against the spread of the disease, which is usually associated with parrots but may involve other birds, included inquiries at schools where aviaries might be maintained.

Water supplies and sewerage

Since 1944, including 1971/72 the County Council has given the following estimated total of financial aid to the county district councils:

Rural Water Supplies and Sewerage Acts								1971/72	1944/71
								£	£
Water Schemes	...	...	...	...	...	...	...	40,000	536,950
Sewerage Schemes	...	...	...	...	...	...	...	49,000	451,773
								89,000	988,703
Local Government Act 1958 (Section 56)									
Special Contributions	...	...	...	...	...	...	...	94,000	445,364
								£183,000	£1,434,067

In 1971 the County Public Health Sub-Committee gave observations and recommendations on the following schemes:—

Sewerage Schemes District	Nature of Scheme	Estimated Cost £
Bromsgrove R.D.C.	Sewers, Rowney Green, Alvechurch	73,000
Evesham R.D.C.	Extension to Sewage Disposal Works, Inkberrow	21,000
Evesham R.D.C.	Ridgeway Sewerage Scheme	182,000
Evesham R.D.C.	Hinton-on-the-Green Sewage and Sewerage Disposal Scheme	26,000
Kidderminster R.D.C.	Sewer Extension Rock Village	6,300
Martley R.D.C.	Holt Heath Sewage and Sewerage Disposal Scheme	19,630
Tenbury R.D.C.	Tenbury Sewerage Scheme Extensions	167,500

*Water supply schemes*

Randan, Woodcote, Bromsgrove, Bromsgrove R.D.C.

*Local inquiries (Department of the Environment)*

Upper Stour Main Drainage Authority Sewerage.

Malvern Link Sewerage Scheme (Phase 4).

*Schemes completed under the Rural Water Supplies and Sewerage Acts*

Evesham R.D.C.	Church and Atch Lench Sewerage
Martley R.D.C.	Sewer and Sewage Disposal Plant, Abberley Common
Martley R.D.C.	Leigh, Leigh Sinton, Bransford and Interfield Sewerage Scheme (Joint with Upton R.D.C. and Malvern U.D.C.)
Pershore R.D.C.	South Eastern Area Sewerage Scheme
Pershore R.D.C.	Phase II Bredon & District Sewerage Scheme
Upton R.D.C.	Ripple, Uckinghall and Naunton Sewerage and Sewage Disposal Works

*Gypsy Camps*

The County Council continued to plan and negotiate during the year, trying to meet its statutory duty to provide a sufficient number of camping sites for gypsies. Two sites have been chosen so far. Perhaps one of these may be completed during 1972. Until this work is done the gypsy cannot hope for much improvement in his living conditions.

*Protection of the Environment (Disposal of Wastes)*

The County Pollution Working Party continued to concern itself with regard to the choice of sites for the disposal of wastes, both domestic and trade. This work became of increasing importance in view of the probable allocation of the statutory responsibility for this work being given to the County Councils in 1974.

If that clause in the Local Government Bill becomes law it will be essential that any time which remains before April 1974 must be used properly so that there will be no hitch in the takeover of the function. In particular it must be agreed, between the collecting and receiving authorities, that disposal arrangements are satisfactory to both and will remain so.

*Spillages of toxic materials on county highways*

Another problem becoming more common is the accidental spillage of toxic or polluting chemicals on roads. On behalf of the County Highways Department the City and County Fire Service carried out emergency measures.



In doing this work the dangers of fire, explosion, poisonous gases and of pollution of streams and water supplies have to be fully recognised. The cause of these accidents may be collision, combination of two or more antagonistic chemicals or leakages. Information as to the loads carried may be minimal, obscured by the accidents or known only to the driver, who may be incapacitated. The type of container holding the chemicals may be totally unsuitable for its purpose. It is clear that legislation to reduce the risk of and from these spillages is required.

The following is a list of incidents on the County's roads which were dealt with by the City and County Fire Brigade during 1971.:—

Hazardous Chemicals	Polluting Chemicals	Chemicals Involved	Quantity Spilled
	1	Diesel Oil	Small quantity
	1	Derv.	20 gallons
	1	Waste Oil	15 gallons
	1	Derv.	150 gallons
	1	Petrol from road tanker	Small quantity
1		Hydrochloric Acid	100 gallons
1		Nitric Acid	4 gallons
1		Sulphuric Acid	Small quantity
	1	Resin	Small quantity
1		Nitric Acid	48 carboys

#### *Pollution of Rivers (Worcestershire)*

(The Report of a River Pollution Survey of England and Wales)

In 1970 a survey was carried out on the degree of pollution in the rivers of England and Wales. The report was issued in 1971 and amplifies and goes into greater detail than the previous survey in 1958.

Rivers and canals were grouped into four classes:—

Class 1 Unpolluted

Class 2 Doubtful

Class 3 Poor

Class 4 Grossly Polluted

The River Severn is the major river of Worcestershire. At almost 240 miles long, it is the longest river in the country. For the whole of its passage through the County it was placed in Class 1. This applied also to all its main tributaries, except for the River Avon in Class 2 and the River Salwarpe in Classes 2 and 4. The River Stour was shown as the County's most polluted river, being almost wholly in Class 4 with a few miles in Class 3.

The County is also traversed by two canals, the Worcester and Birmingham Canal and the Staffordshire and Worcestershire Canal. The water in both canals was placed in Class 2 in the survey.

The percentage increase in the number of unpolluted miles of rivers in the country is only small at 3.3%. This has been achieved in the face of a vast increase in the spread of mains water supply over the 12 years. There are now very few localities in the country which are not now so served, with the consequential installation of modern sanitary facilities and discharges of sewage. The growing population and growth of industry and even the increased number of motor cars have all had an effect on the quality of discharges to the rivers.

It is of particular importance to Worcestershire people that the River Severn water should be classed as 'unpolluted'. Three out of the five statutory water authorities which serve the county obtain some of their water from the River.

### *Synthetic Detergents in River Water*

(Twelfth Progress Report of the Standing Committee on Synthetic Detergents—Department of the Environment)

The above Committee, which is composed of technical experts from industry and the Government, has been making reports and recommendations regarding the manufacture, use and treatment of synthetic detergents for some 15 years. Its work has resulted in a marked reduction in the foaming nuisance which used to affect many rivers into which sewage effluents were discharged. More synthetic detergent is now used than soap products.

That progress has not been maintained. The report issued in 1971 believes that this may be due to the 'hard' surface-action materials used by industry; the domestic market being supplied 'soft' or bio-degradable detergents. Detergents containing enzymes have not been found to cause any problems but the possibility that there has been an increase in the variety of chemical residues being discharged to rivers has brought the suggestion that there should be prior notification of changes in formulations of synthetic detergents.

There is a World Health Organisation recommended level of 0.5 mg/l for synthetic detergents in drinking water. Samples taken by the Severn River Authority from the River Severn, which is used for water supplies, have been below this limit for the past three years. It will be appreciated that waterworks treatment on the water after abstraction would further reduce the levels.

### *Synthetic Detergents in Worcestershire County Rivers*

	River Severn Bewdley	River Severn Holt Fleet	River Severn Worcester
14.1.69	0.02	0.28	—
10.3.69	—	—	0.24
9.4.69	0.10	0.29	0.28
2.6.69	—	—	Nil
1.7.69	0.12	0.18	0.16
28.7.69	0.12	—	—
20.10.69	0.02	—	—
17.11.69	—	0.40	0.18
12.1.70	0.13	—	—
6.4.70	0.19	0.40	0.33
29.6.70	0.28	—	—
27.7.70	—	0.05	0.05
21.9.70	0.08	—	—
19.10.70	—	0.18	0.16
14.12.70	Nil	—	—
11.1.71	—	0.15	0.12
8.3.71	0.11	—	—
28.6.71	—	0.10	—
27.7.71	—	—	0.11
13.12.71	0.11	0.16	0.10
11.1.72	0.07	0.18	0.40

### *Clean Air and Noise Control*

Worcestershire is a county with a largely rural character. Very few county district councils have considered it necessary to designate smoke control areas or to carry out regular surveys of ambient noise levels. Halesowen and Stourbridge Borough Councils have done both and Redditch Urban District Council has carried out a noise level survey in 1971. Part of the difficulty with regard to this type of survey is the lack of sufficient number of trained staff able to devote the time to the work.



## *Clean Air*

In general the problem in the county with regard to atmospheric pollution is limited to smoke and sulphur dioxide emissions. Controls are as follows:—

1. Observation and recommendation where smoke nuisances occur.
2. Recommendation as to chimney heights on new installations and “prior approval” in relation to furnaces above 50,000 BTU per hour, based on memoranda on chimney heights in relation to sulphur dioxide emissions.
3. Adoption of byelaws requiring domestic solid fuel installations to be capable of burning smokelessly.
4. Designation of smoke control areas—usually applicable to new housing development areas.
5. New domestic appliance installation including central heating in discretionary grant schemes.
6. Attempts to influence planners in zoning new industrial development.
7. Measurement and control of grit emission, in particular by the incorporation of measuring devices into certain stacks.

In recent years there has been a dramatic change in domestic smoke emission due to householders converting to natural gas, electric and oil fired forms of heating.

## *Noise Control*

General control is confined to noise nuisances as they occur. The theory that “prevention is better than cure” operates by recommendations being made by the chief public health inspector to the planning authority when plans for new buildings are being viewed. It is of particular importance that planning permission for new factories or processes should incorporate a condition that current ambient noise levels must not be exceeded.

Construction of New Houses and Demolitions for the year ended 31st December, 1970

District	Estimated population 1970	Dwellings under construction at end of period				Dwellings Completed				Total completed since 1st April, 1945	Houses in clearance area and unfit houses elsewhere	
		Local Authorities	Other Public Sector	Private Sector	Public and Private	Local Authorities	Other Public Sector	Private Sector	Public and Private		In Clearance Areas	Elsewhere
<i>Boroughs</i>												
Bewdley ..	6,410	14	—	229	243	—	—	246	246	1,294	—	—
Droitwich ..	11,650	300	2	53	355	305	—	43	348	3,179	—	14
Evesham ..	13,190	45	—	78	123	—	—	58	58	2,013	—	5
Halesowen ..	52,350	2	14	267	283	25	—	134	159	9,271	18	4
Kidderminster ..	47,000	90	1	295	386	60	—	300	360	8,462	98	4
Stourbridge ..	52,210	109	1	264	374	161	—	151	312	9,013	—	41
<i>Urban Districts</i>												
Bromsgrove ..	39,870	5	1	220	226	62	—	184	246	7,064	—	31
Malvern ..	29,950	11	30	89	130	—	29	82	111	4,543	—	1
Redditch ..	40,010	77	1	99	177	105	—	42	147	5,739	23	1
Stourport ..	16,410	64	—	155	219	28	6	197	231	4,032	—	4
<i>Rural Districts</i>												
Bromsgrove ..	37,450	87	—	131	218	62	—	53	115	6,450	—	14
Droitwich ..	15,960	—	4	54	58	21	—	35	56	1,915	—	—
Evesham ..	19,050	55	120	50	225	—	36	58	94	2,878	—	1
Kidderminster ..	12,550	8	—	62	70	23	—	22	45	1,702	—	4
Martley ..	13,630	—	—	71	71	—	1	38	39	1,774	—	7
Pershore ..	21,310	56	8	108	172	2	—	110	112	3,467	—	7
Tenbury ..	5,450	—	—	16	16	—	—	9	9	562	—	—
Upton-on-Severn ..	15,240	25	—	89	114	4	—	42	46	2,031	—	4
Redditch New Town	—	636	—	90	726	901	—	24	925	2,918	—	—



Construction of New Houses and Demolitions to 30th September, 1971

District	Estimated population 1971	Dwellings under construction at end of period				Dwellings Completed				Total completed since 1st April, 1945	Houses in clearance area and unfit houses elsewhere	
		Local Authorities	Other Public Sector	Private Sector	Public and Private	Local Authorities	Other Public Sector	Private Sector	Public and Private		In Clearance Areas	Elsewhere
<i>Boroughs</i>												
Bewdley ..	7,212	14	—	229	243	—	—	—	—	1,294	—	—
Droitwich ..	12,766	105	—	101	206	212	2	51	265	3,444	5	9
Evesham ..	13,847	—	—	74	74	33	—	44	77	2,090	—	20
Halesowen ..	53,933	249	—	170	419	9	26	127	162	9,433	19	6
Kidderminster ..	47,255	—	12	423	435	54	40	534	628	9,090	27	—
Stourbridge ..	54,331	137	—	312	449	8	1	132	141	9,154	13	46
<i>Urban Districts</i>												
Bromsgrove ..	40,669	4	—	133	137	6	1	132	139	7,203	—	13
Malvern ..	29,004	167	30	119	316	29	—	86	115	4,658	—	1
Redditch ..	40,775	53	—	307	360	22	1	136	159	5,898	—	—
Stourport-on-Severn	17,913	2	1	108	111	38	—	126	164	4,196	—	6
<i>Rural Districts</i>												
Bromsgrove ..	36,443	121	—	63	184	14	—	94	108	6,558	—	18
Droitwich ..	14,935	—	5	51	56	—	—	—	—	1,915	—	—
Evesham ..	20,307	50	—	87	137	49	32	43	124	3,002	—	4
Kidderminster ..	12,516	—	—	30	30	8	—	72	80	1,782	—	4
Martley ..	12,861	—	—	59	59	—	—	44	44	1,818	—	8
Pershore ..	20,430	29	—	91	120	28	8	71	107	3,574	—	9
Tenbury ..	5,276	8	—	22	30	—	—	20	20	582	—	1
Upton-on-Severn ..	15,299	—	—	90	90	25	—	50	75	2,106	—	9
Redditch New Town..	—	492	—	343	835	282	—	144	426	3,344	—	—

County District	Acute Encephalitis		Acute Meningitis	Acute Poliomyelitis		Anthrax	Cholera	Diphtheria	Dysentery	Infective Jaundice	Leprosy	Leptospirosis	Malaria	Measles	Ophthalmia Neonatorum	Paratyphoid Fever	Plague	Relapsing Fever	Scarlet Fever	Smallpox	Tetanus	Tuber- culosis		Typhoid Fever	Typhus	Whooping Cough	Yellow Fever	Food Poisoning	Totals	
	Infective	Post-infectious		Paralytic	Non-paralytic																									
Urban																														37
Bewdley Borough																														242
Bromsgrove																														51
Droitwich Borough																														9
Evesham Borough																														257
Halesowen Borough																														259
Kidderminster Borough																														123
Malvern																														368
Redditch																														337
Stourbridge Borough																														107
Stourport-on-Severn																														
Total Urban Districts																														1790
Rural																														
Bromsgrove																														194
Droitwich																														63
Evesham																														10
Kidderminster																														61
Martley																														229
Pershore																														42
Tenbury																														9
Upton-upon-Severn																														46
Total Rural Districts																														654
Administrative County																														2444
Administrative County 1970																														2918





PART VI

COMMITTEES  
AND  
SUB-COMMITTEES



*Health Committee*

(as at 31st December, 1971)

Chairman :	Mr. H. J. Tooby
Vice-Chairman :	Mr. C. A. Guise
The Chairman of the County Council	Sir Michael Higgs, D.L.
The Vice-Chairman of the County Council :	Mr. H. M. Morgan
The Chairman of the Finance Committee :	Mr. J. H. Walker
The Vice-Chairman of the Finance Committee :	Mr. H. G. Pinner, O.B.E.

*County Aldermen:*

Dr. J. E. Blundell-Williams	Mrs. M. B. Matty
Mr. E. J. Broughton	Mr. J. G. Parker
Mr. A. E. Johnson	Mrs. H. C. M. Porter, O.B.E.

*County Councillors:*

Mr. W. J. Balderstone	Mr. J. Holloway
Mr. H. W. Bolter	Mr. F. S. Hunt
Mr. W. S. Brettell	Mr. B. D. Jones
Mr. T. Camden	Mr. W. F. Kimberley
Mr. E. G. Cash	Mrs. E. J. D. Knight
Mrs. E. M. Collinge	Mr. W. J. Mapp
Mrs. A. E. M. Davenport	Mrs. O. A. L. Mills
Mr. D. G. Dymott	Mrs. M. Overton
Mrs. M. E. Gant	Mr. W. G. Raggatt
Mrs. C. N. C. Graham	Mr. R. J. Scriven
Mrs. D. A. Greaves	Mr. M. W. Staite
Mrs. J. L. Guest	Mrs. M. B. Tibbenham
Mr. W. T. Hollis	Mr. E. A. W. Treadgold
Mr. E. Holloway	Mr. C. Willetts

*Co-opted Members:*

Miss F. E. Bailey, L.D.S.	Local Dental Committee
Dr. T. Astley-Cooper	Local Medical Committee
Mrs. P. B. Harris	Mid-Worcestershire Hospital
	Management Committee
Dr. W. T. Astley	South Worcestershire Hospital
	Management Committee
Mr. J. R. Smith, M.P.S.	Worcestershire Pharmaceutical Committee
Lady Higgs	Women's Royal Voluntary Service

N.B.—All sub-committees disbanded on 2.6.71.

*Education Committee:*

(as at 31st December, 1971)

Chairman	Mrs. J. E. Talbot (County Alderman)
Vice-Chairman	Mr. M. C. Meikle
The Chairman of the County Council	Sir Michael Higgs, D.L.
The Vice-Chairman of the County Council	Mr. H. M. Morgan
The Chairman of the Finance Committee	Mr. J. H. Walker
The Vice-Chairman of the Finance Committee	Mr. H. G. Pinner

*County Aldermen:*

Sir Hugh Chance	Mr. H. Nettlefold
Mr. E. Gittus	Mr. W. Perrins
Mr. J. Hughes	

*County Councillors:*

Mr. K. D. Beckett  
Mr. J. Bradford  
Mr. E. G. Cash  
Gp. Capt. J. P. Cecil-Wright  
Mr. D. D. Chopping  
Mr. W. A. Edwards  
Mr. D. Gittins  
Mrs. C. N. C. Graham  
Mrs. F. E. Guest  
Mrs. E. S. Hinton  
Mr. W. T. Hollis

Mr. A. E. Johnson  
Mr. W. F. Kimberley  
Sir Berwick Lechmere  
Mr. W. F. Marshall  
Mrs. G. E. Mills  
Mr. J. T. O'Reilly  
Mrs. C. W. Potter  
Mr. T. H. D. Powell  
Mrs. E. J. Redfern  
Mr. S. Wheelton

*Nominated Members:*

The Rev. Canon J. G. Barnish  
Prof. D. R. Dudley  
The Rev. Dr. E. K. H. Jordan, M.A.

Mr. R. E. Lewis  
Mr. G. MacDonald  
Mr. H. J. Worsdall

*Selected Members:*

The Rev. A. J. Adams  
Mrs. C. G. F. Anton  
Mr. G. Scott-Atkinson  
Mr. D. H. Bramley  
The Rev. Canon Gideon Davies

Dr. F. E. Dawes  
Mr. D. W. Douglas  
Mr. W. J. Richards  
Mr. P. J. E. Salmon  
One vacancy

*Education, Children's Care Sub-Committee:*

Mrs. E. J. Redfern (Chairman)

The Rev. A. J. Adams  
Mrs. C. G. F. Anton  
Mr. K. D. Beckett  
Mr. J. Bradford  
Mr. D. D. Chopping  
The Rev. Canon Gideon Davies  
Dr. F. E. Dawes  
The Chairman of the County Council  
The Vice-Chairman of the County Council  
The Chairman of the Finance Committee  
The Chairman of the Education Committee  
The Vice-Chairman of the Education Committee  
The Chairmen of the following Sub-Committees:  
    Sites and Buildings  
    Further Education  
    Youth  
    Agricultural Education  
    County Library  
    Museum  
    School Management  
    School Meals  
    Planning and Development  
    Finance and General Purposes

Mrs. C. N. C. Graham  
Mrs. F. E. Guest  
Mr. W. T. Hollis  
The Rev. Dr. E. K. H. Jordan, M.A.  
Mr. R. E. Lewis  
Mr. H. Nettlefold  
Mrs. P. J. E. Salmon

ex-officio





## PART VII

## STAFF



## County Staff

### *County Medical Officer of Health and Principal School Medical Officer*

J. D. Willins, M.B., CH.B., D.P.H.

### *Deputy County Medical Officer of Health and Deputy Principal School Medical Officer*

N. M. Bailey, M.D., M.Sc., D.P.H. (Resigned 31.3.71)

T. A. Lloyd-James, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Appointed 26.4.71)

### *Senior Medical Officer, School Health Service*

Gwen S. Clark, M.B., CH.B., D.OBST., R.C.O.G., D.P.H. (Resigned 30.5.71)

### *Senior Medical Officer*

Isobel J. McLarty, M.B., CH.B.

### *Divisional Area Medical Officer of Health, Kidderminster*

C. Starkie, M.D., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

### *Senior Medical Officers in Department and School Medical Officers*

Moir K. E. Allington, B.A., M.B., CH.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H. (Resigned 31.8.71)

Aitolia English, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.

Muriel R. Green, M.B., CH.B. (Appointed 15.11.71)

Essilt Thomas, M.B., CH.B. (Appointed 6.9.71)

### *Medical Officers in Department and School Medical Officers*

Clarice E. Butler, M.B., CH.B.

Esther M. Devlin, M.B., B.Ch., D.P.H., L.M. (Part-time)

\*H. F. Green, M.A., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Esme S. Jenkins, M.B., B.Ch., D.OBST., R.C.O.G. (Part-time)

Kathleen M. Joanes, M.B., CH.B., D.OBST., R.C.O.G. (Part-time)

\*D. R. McCaully, B.A., M.D., B.Ch., B.A.O., D.P.H.

\*R. W. Markham, B.A., M.B., B.Ch., D.P.H. (Died 28.4.71)

\*C. H. Phillips, M.R.C.S., L.R.C.P., D.P.H. (Retired 31.12.71)

\*L. S. Stephens, M.B., CH.B., D.OBST., R.C.O.G., D.P.H.

\*D. E. Thompson, O.B.E., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

\*J. Twomey, M.B., B.Ch., B.A.O., D.T.M. & H., D.P.H.

P. B. Williams, T.D., M.B., CH.B.

Lilian M. A. Wright, M.B., CH.B.

### *Senior Consultant Chest Physician*

†R. C. Cronin, M.B., CH.B., M.R.C.S., L.R.C.P.

### *Consultant Chest Physician*

†S. Z. Kalinowski, M.D., M.R.C.P.E.

### *Ophthalmologists (part-time)*

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (OXON.)

C. G. Sinclair, M.B., B.S., F.R.C.S. (ENG.)

J. A. Cos, M.B., B.S., D.O. (ENG.)

J. L. Pearce, M.B., CH.B., D.O. (ENG.)

R. D. Calcott, M.B., B.S., D.O. (LOND.)

### *Consultant Psychiatrist*

†T. K. MacLachlan, M.B., CH.B., M.R.C.P.E., D.P.M. (Until 30.4.71)

†J. H. Morris, M.B., CH.B., D.P.M. (From 1.5.71)

### *Chief Dental Officer and Principal School Dental Officer*

C. W. D. Jones, B.D.S.

### *Deputy Chief Dental Officer and Deputy Principal School Dental Officer*

K. E. Nicholas, L.D.S., R.C.S.ENG.

\*Also District Medical Officer of Health

†Part-time by arrangement with the Birmingham Regional Hospital Board

*Divisional Dental Officers*

J. Egremont, L.D.S.  
Miss R. J. H. Sammons, L.D.S., R.C.S.ENG.

*Dental Officers*

Miss S. F. Burton, B.D.S. (Resigned 31.3.71)  
D. M. Christie, L.D.S.  
T. W. W. Evans, L.D.S. (Appointed 1.2.71)  
F. V. Frank, L.D.S.  
Dr. E. B. Mitchell, M.B., B.S., B.D.S.  
E. N. Rowley, B.D.S.  
F. A. Trent, L.D.S., R.C.S., ENG.  
Mrs. P. B. Trent, L.D.S., ENG.

*Anaesthetist*

Dorothy Nicholas, M.B., CH.B. (Part-time)

*Orthodontist*

Mrs. M. A. Tibbatts, L.D.S. (Part-time)

*Dental Auxiliary*

Mrs. D. M. Hipkiss (Resigned 30.11.71)

*Dental Hygienist*

Mrs. L. L. Ansfield

*Senior Dental Technician*

Mr. C. A. Smith

*County Public Health Inspector*

R. Colenso, M.R.S.H., F.I.P.H.E., F.A.P.H.I.

*County Ambulance Officer*

G. C. Hutchison

*Deputy County Ambulance Officer*

S. Ogden

*Ambulance Training Officer*

F. S. Ballard

*Ambulance — Radio Control — 19*

*Education Psychologists*

A. C. Smith, M.A.  
D. E. Struggles, B.A.  
T. J. Jellis, B.A.  
Mrs. R. M. George, B.A.

*Principal Psychiatric Social Worker*

I. Malcolmson, B.A. (ECON.) (HONS.), A.A.P.S.W.

*Psychiatric Social Workers*

Miss A. E. Ridgeway, B.A. (HONS.), S.S.D.  
Mrs. M. Llewellyn, B.A. (social admin.), A.P.S.W., DIP.M.H. (Part-time)  
R. G. Morgan, C.S.W. (Resigned 6.6.71)  
Miss B. A. Bennet, C.S.W. (Appointed 1.3.71)  
Miss V. J. Tuddenham, C.S.W. (Appointed 1.9.71)

*Social Worker*

Mrs. J. E. M. Bill, B.A. (ECON.), (HONS.) (Part-time)

†Part-time by arrangement with the Birmingham Regional Hospital Board



#### *Occupational Therapists*

Mrs. M. L. O'Neill, DIP.A.O.T.  
Mrs. H. M. Cook, S.R.O.T. (Part-time)  
Mrs. P. Brown, M.A.O.T. (Part-time)

#### *Senior Speech Therapist*

Miss R. M. Bourke, L.R.S.T.

#### *Speech Therapists*

Mrs. L. F. Cadman, L.C.S.T.  
Miss C. A. Hall, L.C.S.T.  
Mrs. E. C. Scott, L.C.S.T.  
Miss M. A. Kelleher, L.C.S.T. (Appointed 6.9.71)  
Mrs. A. Cooper (Part-time) (Resigned 25.6.71)  
Mrs. C. A. McMaster (Part-time)  
Mrs. P. S. J. Souch (Part-time) (Appointed full time 8.9.71)

#### *Physiotherapist*

Mrs. M. Hunt, M.C.S.P., O.N.C. (Part-time)

#### *Orthopaedic Sisters*

Mrs. K. J. Johnson, S.R.N., O.N.C., M.W.I.  
Mrs. M. C. Brancher, M.C.S.P., O.N.C. (Appointed 1.9.71)

#### *Chief Chiropodist*

H. D. Price, M.CH.S., S.R.CH.

#### *Senior Chiropodists*

G. S. Griffiths, M.CH.S., S.R.CH.  
W. Cottingham, M.CH.S., S.R.CH.  
Mrs. R. Scott, M.CH.S.  
Mrs. M. U. George, S.R.CH. (18.1.71 - 5.3.71)  
Mrs. J. E. Hart, M.CH.S., S.R.CH. (Appointed 21.6.71)

#### *Health Education Officer*

J. N. Pitts, DIP.H.ED. (LOND.)

#### *Nursing, Midwifery and Health Visiting*

##### *Director of Nursing Services*

Miss A. Kean, S.R.N., S.C.M., H.V.CERT., D.P.A., QUEEN'S NURSE

#### *Stourbridge/Halesowen Area*

##### *Area Nursing Officer*

Miss E. Abbott, S.R.N., S.C.M., H.V.CERT.

##### *Nursing Officers*

Mrs. H. Hoskins (Health Visiting), S.R.N., S.C.M., N.N.E.B., H.V.CERT.  
Mrs. P. Vaughan (Community Nursing), S.R.N., QUEEN'S NURSE, PT. 1 C.M.B.  
Miss D. Robinson (Midwifery), S.R.N., S.C.M.

#### *Bromsgrove/Redditch Area*

##### *Area Nursing Officer*

Mrs. M. E. Allen, S.R.N., S.C.M., H.V.CERT., QUEEN'S NURSE

##### *Nursing Officers*

Miss M. T. Cottrell (Health Visiting), S.R.N., S.C.M., QUEEN'S NURSE, H.V.CERT.  
Miss O. R. Jones (Community Nursing), S.R.N., S.C.M., QUEEN'S NURSE, H.V.CERT.  
Mrs. J. Clement (Midwifery), S.R.N., S.C.M., H.V.CERT.

#### *Kidderminster Area*

##### *Area Nursing Officer*

Miss A. Hardiman, S.R.N., C.M.B.(1), H.V.CERT., M.I.O.DIP.

*Nursing Officers*

Mrs. M. Horton (Health Visiting), S.C.M., H.V.CERT.  
Miss A. Freeman (Community Nursing), S.R.N., C.M.B.(1), S.C.M.  
Mrs. H. M. Phillips (Midwifery), S.R.N., S.C.M., QUEEN’S NURSE

*South Worcestershire Area*

*Area Nursing Officer*

Mrs. E. J. Bryan, S.R.N., S.C.M., QUEEN’S NURSE

*Nursing Officers*

Miss J. Hudson (Health Visiting), S.R.N., S.C.M., H.V.CERT.  
Miss R. Hobbis (Community Nursing), S.R.N., S.C.M., QUEEN’S NURSE, H.V.CERT.  
Miss J. Dunford (Midwifery), S.R.N., S.C.M., H.V.CERT.

*Nursing Officer for Health Education*

Miss L. Mee, S.R.N., S.C.M., H.V.CERT.

*Audiometric Health Visitors*

Miss E. M. Andrews, S.R.N., S.C.M., QUEEN’S NURSE, H.V.CERT. (Resigned 30.4.71)  
Miss P. O. Viles, S.R.N., S.C.M., QUEEN’S NURSE, H.V.CERT.  
Mrs. J. A. Stewart, S.R.N., H.V.CERT.  
Mrs. J. S. Pollard, S.R.N., S.C.M., H.V.CERT. (Appointed 3.5.71)

In the County as at 31st December, 1971, the following staff were employed:

							<i>Full-time</i>	<i>Part-time</i>
Health Visitors, School Nurses and Clinical Assistants	..						86	38
Midwives, District Nurse/Midwives, District Nurses	..						143	13
Nurses on Courses	..	..	..	..	..	..	3	—
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NOTE: Staff in the Home Help, Mental Health and Welfare Services Sections were appointed to the Social Services Department on 1st April, 1971. Staff at Junior Training Centres were transferred to the County Education Department on 1st April, 1971.

**Senior Administrative Clerical Staff**

*Chief Administrative Officer*

H. A. Rock

*Deputy Chief Administrative Officer*

M. V. Dowse

**Adult Health Section**

*Section Head* Miss M. Low

*Deputy Section Head* F. H. Tyler

<i>Senior Clerks:</i>	Miss P. Cheese	Chiropody
	I. Collins	Ambulance
	Mrs. M. Hanson	Nursing Section

**Child Health Section**

*Section Head* G. W. Nield, A.R.S.H.

*Deputy Section Head* J. Holmes, D.P.A.

<i>Senior Clerks:</i>	K. George, D.M.A.	Vaccination and Immunisation
	Miss M. Hunting	Pre-school children
	Mrs. J. James	Audiometric
	Miss S. Jones	School Medical
	Mrs. J. Lewis	Dental
	Mrs. I. Yardley	Child Guidance



**General Services Section (including Finance and Establishment)**

<i>Section Head</i>	L. J. Banning	
<i>Deputy Section Head</i>	B. L. Essex, D.M.A.	
<i>Senior Clerks:</i>	Mrs. J. Crouch Mrs. L. Fox J. Phillips A. Scriven	Enquiry Office and Post Supervisor — Audio Typing Accounts Equipment and Welfare Foods
<i>Administrative Officer for Health Centres</i>	D. G. Bridgford	
<i>Secretary</i>	Mrs. V. Vobe	

**Divisional Office — Kidderminster**

<i>Senior Clerk</i>	Mrs. J. Heaton
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## PART VIII

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